THE

CHICAGO MEDICAL EXAMINER.

N. S. DAVIS, M.D., EDITOR.

VOL. IX. JANUARY, 1868. NO. 1.

Original Contributions.

ARTICLE I.

PARALYSIS OF ONE LEG CAUSED BY RETROVERSION OF THE UTERUS.

BY M. M. EATON, M.D., Peoria, Illinois.

Mrs. K. came under my care Feb. 3rd, 1866. She resided fifteen miles from this city, and was brought in town on a bed. Found her complaining of her left leg. There was great pain in the knee, and want of power of motion. General health tolerable; age about forty years. Native of N.H.

History of the Case.—About two years previous had sprained the knee in alighting from a carriage; some inflammation of knee followed, partially recovered in a month, when she fell down stairs—knee then became worse, paralysis of leg came on, and she was treated by several good physicians, when the inflammation subsided; but the want of motion and pain continued. She was placed in a "water cure establishment" for three months, became worse in general health, no improvement in leg, was taken to Chicago and treated by some one to the writer unknown, except by reputation (which is good), and was considerably improved; returned to her house without the use of her limb however. This state of affairs have continued till Feb. 3rd, 1866 (as before stated), with the additional symptoms of irritable bladder, painful menstruation, and difficult

defecation. On examining the leg, I found nothing abnornal, and was led to make an examination of the uterus from the obstinacy of the case, as presented in its history, and the present symptoms, and found an enlarged uterus retroverted. There being no symptoms of pregnancy, I introduced the uterine sound the next day, and, much to my surprise, there was a discharge of a pint or more of water, after which I could discover nothing in the cavity of the uterus, and proceeded to lift the uterus to its natural position with the sound, by the aid of two fingers in the vagina, the patient being placed on her face, with the hips elevated, which I accomplished readily; kept her in this position 24 hours, and then found the uterus had contracted and remained as I had placed it. She was now placed on her side. After a week, applied the solid nitrate of silver to the internal surface of the womb, three times, at intervals of three days, when membranes, like those of a ruptured cyst, were expelled, but nothing else. I gave elix. vulerianate of ammon. to quiet the nerves, with tonics, had the affected limb rubbed freely with a stimulating liniment. She rapidly recovered; in three weeks began to walk with a cane; felt some "bearing down pain;" applied an elastic abdominal supporter, which relieved this symptom.

April 15th.—Discharged cured, since which time she has been able to do her work, dance at parties, &c. Now keeps a boarding-house, is perfectly well this 14th of November, 1867. I thought this case worthy of record, as the difficulty of the uterus had been overlooked by those who had treated her for the two years she had been unable to walk, and demonstrates that enlargement of the uterus and misplacement may effect the limbs without producing immediately any symptoms referable to the organ. The discharge of water, I suppose, was caused by the rupture of a large hydatid growth, which I inadvertantly ruptured in making an examination, expecting to find a fibrous polypus, which, by its weight, occasioned the retroversion at the time of her fall down stairs. The caustic I used to kill this growth, and prevent its refilling with water, in which I think I was successful.

Every year I am more convinced that the diseases of the uterus are too little studied by general practitioners, thereby allowing many estimable ladies to pass off the stage of usefulness to fill premature graves.

I will digress from my subject simply to add my conviction of the propriety of physicians, especially in cities and large towns, devoting especial attention to some one branch of the profession (without advertising themselves as so doing), being assured that the public will, in time, appreciate what a man is best fitted for, and patronize him accordingly. By such a course, can we not best serve our age, and the profession of medicine?

ARTICLE II.

RADICAL CURE OF HEMORRHOIDS BY OPERATION WITH SMITH'S CLAMPS.

By R. L. WALSTON, M.D.

Mrs. O., married, age 29, mother of two children, youngest 5 years old, called at my office, January 16th, 1867, and asked professional advice and aid. She was not much emaciated, but was sallow; pulse feeble, and about 100 to the minute; was weak, dyspeptic, annoyed with tinnitus aurium, giddiness, and palpitations. She had a condition of blood akin to leucocythemia, and had suffered for three years with a most distressing hemorrhoids, aggravated by dysmenorrhea and prolapsus uteri. Each catamenia had been preceded by from two to six days' intolerable suffering, which she affirmed to be greater than that of child-birth. Her bowels were habitually constipated, for which she got the following:—Ex. coly. com. et pulvis alocs, āā grs. xx., pulvis ipecac et capsicum, āā grs. x., oil sassafras, gtts. x. M. Ft. pills 20. S. One every night. For the existing anemia and dysmccorrhea, she got, tinct. cimicifuga ℥iv., sol. cit. ferri ℥iiss., sul. quinia grs. x. l. M.S., teaspoonful three times each day.

Saw her again February 1st, improvement was very marked in all particulars, except the hemorrhoids, which, unexpectedly, were not improved. I determined upon immediate operation by the use of "Smith's Clamps" for radical cure. She got full dose coly. et aloes, to be followed by castor oil if bowels were not moved. Saw her on the morning of the 2d; bowels not moved, but catamenia had come in the night about one week too soon, and without the slightest premonitory pain. During the day the bowels were well evacuated, after which the operation was performed as follows:—The patient was "chloroformed" and placed on the table in position for lithotomy. After a thorough examination of the rectum, it was ascertained that, although the aloes had greatly reduced the size of the tumors, there were four external and one internal which required removal. The tumors were found to consist of a congeries of vericose veins, surrounded by hypertrophed areolar tissue, and covered by mucous membrane, more or less altered by chronic inflammation. The internal tumor was brought down to the verge of the anus by the index finger of the left hand, and siezed by a volcella, where it was firmly held till its base could be grasped by the clamps and removed with a strong pair of scissors, and cauterized with the actual cautery, at white heat, till not a jet of hemorrhage remained, and so on till all were removed, after which the patient got large doses of morphia, with poultice to the fundament, till pain and inflammation subsided, when she again resumed the general treatment. She is now, for the first time within three years, performing all her domestic duties, and seems to enjoy perfect health.

The clamps and the cautery are the *sine qua non* for all similar cases; also in prolapsus ani they answer an admirable purpose for removing longitudinal sections from the bowel, the cure being affected by lessening its caliber in the formation of cicatrix and unyielding adhesions.

PARIS, ILLINOIS, *November 27, 1867.*

ARTICLE III.

CASE OF ADDISON'S OR BRONZED DISEASE.

REPORTED BY A. YOUNG, M.D., Prescott, Illinois.

As the etiology of this disease is still involved in obscurity, any facts bearing upon it may be of interest to the profession. This iuduces me to give a brief resume of a case which was recently under my care.

Rev. Mr. R., aged 46, had for several years suffered from ill health, which was, however, not sufficient to interrupt his professional duties, except by brief intervals. As there was evidence of tubercular deposits in both lungs, his ill health was attributed to this cause. Last winter his general health began to fail; there was some disturbance of the digestive organs, but no apparent increase of the disease of the lungs. About the same time, the skin of the face, neck, and hands, which was naturally rather dark and sallow, began to assume a darker hue, and eventually became as intense as that of a jaundiced person, except that the hue had not the yellow tinge of jaundice, but more nearly resembled a person deeply tanned by exposure. The debility increased, until he was obliged to relinquish his occupation, but was able to be around, complaining of nothing but extreme lassitude and weakness, till September 16th, when persistent nausea and vomiting, with increase of prostration and faintness, supervened, continuing till his death, which occurred September 23d.

A *post-mortem* revealed crude, tubercular deposits in apex of both lungs, some fatty degeneration of heart.

Abdominal viscera presenting nothing worthy of note, except kidneys, and supra-renal capsules. Left kidney healthy in structure, with the exception of a small tubercular deposit. Left supra-renal cupsule filled with crude tubercle. The natural texture of the right kidney and supra renal cupsule entirely destroyed, its place being filled by a soft pultaceous mass, undoubtedly softened tubercle.

During the time that I knew Mr. R., there was nothing to indicate renal disease, the urine being normal in quantity and quality.

The Clinique.

NEURALGIA.—AN OBSCURE CASE.

Substance of a Clinic in the Medical Wards of Mercy Hospital, December 11th, 1867.

By N. S. DAVIS, M.D., Professor of Practical and Clinical Medicine, in Chicago Medical College.

The patient before you, gentlemen, is a fair representative of a class of cases which, from their persistence, often tax the resources of the practitioner to the fullest extent. He states that three years since, he was attacked with pain in the left hip, principally in the course of the sciatic nerve, though extending, at times, through to the groin, and a partial loss of motion in the limb. After a few weeks, the pain ceased, and he recovered nearly the perfect use of the limb. During the subsequent two years, he suffered occasional attacks of pain in the same parts, and the muscles of the left leg became weaker than those of the right. During the last year, he has been afflicted with neuralgic pains and morbid sensations almost every day, but extremely variable, both in their location and severity. The pains are more severe in the hips and lumbar portion of the spine than elsewhere; but they frequently change from one to the other, and to the shoulders, arms, legs, especially the heels, the neck, head, and face. In the head, face, and gums, the sensation is described as more of a burning and dryness than acute pain. These morbid sensations, whether of heat, dryness, or acute pain, are extremely changeable, both in their location and severity. They appear to be influenced some by atmospheric conditions, but not in a marked or uniform manner. There is no positive paralysis of either sensation or

motion, although the muscles of the left leg are weaker and a little more attenuated than those of the right. His appetite and digestion are good, his bowels regular, and his urine apparently natural in quantity and color. His countenance does not exhibit the physiognomy or expression of severe organic suffering, and his blood and tissues appear to be fairly nourished. I find no marks of disease in his fauces, or on his skin, but the Schneiderian membrane throughout his nostrils is thickened, redder than natural, and his nostrils constantly becoming filled with dry, hard, and black crusts. This condition of the nostrils, he says, has existed since his early boyhood; he being now over 20 years of age. He denies all knowledge of having had any form of syphilitic disease. But of his parents or ancestors I have learned nothing. Such is, briefly, the history of the case before you.

If the suffering of the patient is such as he describes, it is evident that the case must be classed among the neuralgias. To class it thus, however, does not explain its nature, or the essential pathological conditions on which the pains and morbid sensations depend. To aid in arriving at some definite conclusions in reference to this, we may state that all cases of neuralgia may be arranged, pathologically, into three groups:

First. Such as arise from disease or injury directly involving the trunk of one or more nerves.

Second. Such as arise from disease of some part of the central portion of the nervous system.

Third. Such as are caused by morbid conditions of the blood.

In those cases belonging to the first variety, the pain is necessarily limited to the single nerve involved and its branches, as we see in sciatica, tic doloreaux, etc.

In the second class of cases, where the seat of disease is in some part of the cerebral or cerebro-spinal centres, causing neuralgic pains in distant parts, such pains seldom follow the track of any one nerve; but they affect a particular locality or section, such as the forearm, the leg, the foot, the side, etc.

In the third class of cases, the pains are limited to no one nerve or part, but affect many nerves, and usually change with

rapidity from one nerve or set of nerves to another, as illustrated in the history of the case now before you.

The morbid conditions of the blood capable of causing neuralgia may be either toxemic or spanemic. That is, poisoned by the presence of some virus imbibed from without, or some effete or excrementitious matter, such as urea, the *materies morbi* of gout, etc.; or such an impoverishment of the blood, in relation to its corpuscles and nutritive constituents, as renders it incapable of affording the elements for healthy nutrition of the nervous structures. Those blood-poisons which, by their immediate or remote effects, are most apt to so modify the sensibility of the nerve structures as to cause persistent and distressing neuralgia, are the syphilitic, the gouty, the uremic, and the koino-malarial.

The effects of these poisons on the properties of the several tissues are not limited to the individuals primarily affected, but may be transmitted, more or less distinctly, to their offspring. This is particularly true in reference to gout and syphilis. Some of the most distressing and obstinate neuralgic affections of the heart, stomach, and extremities accompany the hereditary diatheses transmitted by gouty parents. I know a lady in this city, who was subject to sudden attacks of the most excruciating neuralgic pain in the great toe of one foot. It was accompanied by no swelling or redness, or other traces of inflammation. Her father had suffered many years from gout. It is doubtless true, that a large proportion of the cases of neuralgia arising from the syphilitic poison are caused by a low grade of specific inflammation, either in the neurilemma or in the periosteum lining the bony canals or orifices through which the affected nerves pass; but there are some cases that cannot be attributed to either of these pathological conditions, but, from their changeable character, are evidently dependent on some morbid condition of the blood and nerve sensibility generally. Although the patient before you admits of no known syphilitic influence upon his own person, yet the exceedingly erratic character of his neuralgic pains, the burning dryness of which he complains in his head, face, and neck, in connection

with the condition of the Schneiderian membrane of his nostrils, renders it quite probable that his condition is the result of hereditary syphilitic influence. The bridge of the nose is broad and looks a little swollen; and in examining the nostrils, the Schneiderian membrane throughout appears rough, thickened, and constantly secreting a morbid product that dries into hard black crusts.

That a certain degree of syphilitic influence is capable of being propagated to a very remote degree, we have abundant clinical evidence. Hence, we meet with it sometimes under circumstances where it would be least expected. It is not many months since I saw a lady, the mother of a family of children grown to maturity, who was laboring under such symptoms as had led her physician to confidently believe she had serous effusion into the ventricles of the brain. On placing my hand on her head, I discovered the existence of no less than three well-marked pericranial nodes; and all her symptoms of cerebral oppression disappeared under the subsequent use of iodide of potassa and conium.

During the last year, a gentleman, over 70 years of age, was brought here from a neighboring city, where he had led an active business life, and enjoyed a high social position. Several months previously, he had been attacked with what was regarded as apoplexy, or, at least, dangerous congestion of the brain. He was treated actively by men of high standing in the profession, and the first severe symptoms of oppression and stupor were relieved. But he remained with partial paralysis of one arm and leg; severe pains in his head and extremities; impaired memory, frequent mental hallucinations, and almost entire sleeplessness at night. I was told that his case was regarded by his medical attendants as softening of the brain, and mostly beyond the reach of remedial agents. His head being partially bald, I thought one parietal region was more prominent than the other, and, on careful examination, a periosteal thickening, with some tenderness, was found to extend over nearly the whole length of one parietal bone. The patient had noticed this prominence from the commencement of

his attack, and it afforded strong evidence that all his cerebral symptoms had been the result of a corresponding disease and tumefaction of the dura mater pressing upon one hemisphere of the brain. All the cerebral and paralytic symptoms disappeared in a few months, under the influence of country air, the steady use of six-grain doses of iodide potassa, aided by a very limited use of alterative doses of bichloride of mercury, and bromide of potassa at night to procure sleep. If this old gentleman had ever had syphilis (which I did not ascertain with certainty), it was, doubtless, more than forty years previously. Such cases, with many others that I might mention, are sufficient to show the necessity of inquiring carefully into the family history of patients laboring under chronic affections of the nervous system; and of observing carefully all local developments that might afford any information concerning the constitutional condition of the patient. In the patient before you, the fact that the morbid condition of the membrane lining the nostrils, already described, has existed from childhood; the peculiarly changeable character of his neuralgic pains and morbid sensations; while the general functions of nutrition, secretion, etc., seem to be well performed, have led me to think that the constitutional vice from which all his distressing symptoms have arisen, is a remote effect of the subtle poison about which we have been speaking.

If this view is correct, we need not expect any permanent advantage from the ordinary remedies for relieving neuralgic pains. His only hope of recovery must be founded on an effort to change his diathesis or constitutional condition. The means best calculated to effect such a change are as follows:

1st. Regular and judicious exercise in the open air, by moderate walking and riding, and, if possible, a change of climate.

2d. A plain, nutritious diet, chiefly of milk, farinaceous articles, and fruits, but from which must be rigidly excluded all fermented and distilled drinks, tobacco, and *strong* tea and coffee.

3d. The use of such alteratives as will be likely to effect a change in the elementary properties of the organized structures

of the body, without materially impairing either the plasticity of the blood or the general tone of the tissues.

The first two of these propositions need no comment. The advantages of moderate exercise; a mild and dry climate; plain food, and the exclusion of all nervous stimulants, are obvious to all of you. But what system of medication will effect the third indication? I shall, at present, direct a prescription consisting of,

℞. Iodide Soda, ---------- ℥iij.
Bichlorid. Hydrarg., ---------- 1 gr.
Fl. Ext. Conium, ---------- ℥j.
Simple Syrup,----------
Mint Water,----------āā ℥iss.

Mix, and take a teaspoonful before each meal and at bedtime.

I will have this continued until it produces a change in the secretion from the Schneiderian membrane, or slight traces of the mercurial influence on the gums. When either of these effects are produced, the prescription should be discontinued and the following given in its place:

℞. Iodide Potassa,---------- ℥iij.
Bromide Potassa, ---------- ℥vj.
Fl. Ext. Conium, ---------- ℥j.
Mint Water, ---------- ℥iij.

Mix, give a teaspoonful from three to four times a-day.

This may be continued for six or eight weeks, unless some unpleasant effects are sooner induced. In the meantime, if the patient becomes in any degree debilitated, as indicated by a feeling of lassitude, diminished appetite, and paleness of the lips, some direct tonic should be given conjointly with the treatment just mentioned. The best tonics I have used in such cases, have been either a teaspoonful of the syrup of pyrophosphate of iron, given half an hour after each meal; or a pill, composed of citrate of iron 2 grs. and strychnia $\frac{1}{30}$ of a grain, given at the same times.

A neglect to insist on good air and a proper use of tonics in conjunction with the usual alteratives, is one cause of failure in the treatment of such cases as the one under consideration.

Besides the hygienic and internal medical treatment which

has just been mentioned, I shall direct, with a view of affording temporary relief or mitigating the morbid sensations of the patient, anodyne frictions to the whole length of the spine each night and morning. For this purpose, a liniment composed of the camphorated soap liniment, ℥iv, and veratria, 3 grs., is as effectual as anything I have used. Sometimes, the judicious application of electricity to such cases will produce beneficial results. It should be applied in such a manner, however, as to obtain its tonic effects, rather than irregular shocks. But, gentlemen, the clinic hour has expired, and you will probably have an opportunity to see more of this case in future.

Proceedings of Societies.

MORGAN COUNTY MEDICAL SOCIETY.

The Society held its regular monthly meeting in the office of the City Clerk, in Jacksonville, October 12, 1867.

The Society met pursuant to adjournment, at two o'clock P.M., the President, Dr. Henry Jones, in the chair.

Dr. C. T. Wilbur, Permanent Secretary, being absent, Dr. Craig, of Arcadia, was called to the desk.

The minutes of the last meeting were read and submitted for action.

It was suggested that the report was not explicit as to the *large* doses of calomel used in croup by Dr. H. K. Jones.

Dr. H. K. Jones criticised the minutes, objecting to some statements therein relative to his treatment of croup and diphtheria. Also to the Report of a case of epithelioma, by Dr. Prince, protesting that it was discourteous in Dr. P. to report the case, and that as the minutes stood he was left in a false position before the members of the Society and the community at large, inasmuch as the minutes failed to record his objections made at the time to the form of Dr. Prince's report; and suggesting that a revisory committee be appointed to examine the minutes prior to publication.

Dr. Edgar, of Jacksonville, remarked that in his opinion such a committee of censors was unnecessary; that his ideas of professional etiquette would allow Dr. Prince, as consulting surgeon, to report said case of epithelioma; defended the minutes as reported by the Secretary, and, as neither Drs. Prince or Wilbur were present, he moved to suspend further action on the minutes until the next meeting. The motion prevailed.

Moved, by Dr. Johnson, and carried, that hereafter the minutes of each meeting be approved by the Society before published.

Dr. Wm. S. Edgar proposed Dr. Allen, of Murraysville, for membership. Referred.

There being no further regular business before the Society, the special order of the day was taken up, and the deferred essay of Dr. Edgar was called for. The Doctor responded in a brief but telling article on the "General Principles of Diagnosis," full of facts, suggestive and practical. Stating that in the practice of medicine we recognize two great classes of indications, general and local. The former to be diagnosed chiefly from the history and sensations of the patient, while in the latter, lesions of structure may be detected from physical signs. That no examination of a patient could be considered complete which did not include, not only a history of the patient, but also of his family and ancestry. Especially in all important cases this should not be omitted, as we may here discover some idiosyncracy or proclivity to disease and death, which may clear up many an otherwise obscure and difficult case. Referred to Abernethy as the first of the profession to direct and fix attention to the connection of many local affections with constitutional derangements. Stating that the great achievement of medical diagnosis is to trace through the complex labarynth of reflex and direct nervous symtoms and sympathies, the true origin of the disease in question. Suggesting that our method of examination and final diagnosis will be greatly influenced by our general theory of disease, and more or less thorough knowledge of pathology, anatomy, and physiology; was sorry to acknowledge that some members of the profession are so preöccupied

with theories of physiological and pathological changes incident to the nervous centres, together with the ebb and flow of the so-called vital principles as associated with intellectual and moral causes, that they readily account for all ailments, aches, and pains by some direct or reflex nervous trouble in the economy. With such, all protracted diseases are diagnosed typhoid fever, if fever attend, or neuralgia, if not attended by fever; as the former is understood by the community to be dangerous, and the latter endless, this diagnosis of course prepares the friends for the issue, be it good or evil. The Doctor did not understand this diagnosis to be always made as a matter of policy, but often as the consequence of the absence of a clear and definite opinion of the pathology of the case. But while we look away from physiology and human anatomy into fields of metaphysical theories and fancies, and follow entities of the imagination, no progress is made in diagnosis, however extended the practice or numerous the cases of observation may be. Much of this speculative pathology may originate in the natural tastes and habits of thought. Such minds more or less run after the vagaries of homœopathy, which removes practical medicine further and further from exact science. Observing, also, that the chief distinction between the scientific practitioner and empiric, is, that the former studies his case with reference to the pathology, while the latter groups symptoms and *prescribes*, trimming ingeniously, to hold his friends and make money.

Dr. C. Fisher, as previously announced, was, for want of time, unable to furnish an essay, and instead, reported two cases of dysentery conducted to a successful issue on the saline treatment. He took this occasion to report the above cases, since he had, on a previous occasion, discountenanced the practice, as suggested by his friend, Prof. Wilbur. The Doctor spoke at some length, eulogizing the practice.

Dr. Craig remarked that in the army he was generally successful with this plan of treatment; stating, however, that most of the cases were of recent attack, as in camp or on the march, where the men generally apply for treatment in the formative stage.

Dr. H. K. Jones thought it applicable in many cases of private practice; that where purgatives were indicated it was often the best, but thought close discrimination necessary here as elsewhere.

Dr. J. T. Cassell wished to know of those advocating the saline treatment, whether they ever knew of a recovery from true dysentery without *first* producing a biliary secretion, remarking that, in his opinion, no recovery could take place without it; that with a full, copious, and consistent flow of bile no case of simple dysentery could prove fatal; that mercury was not a *sine qua non* in producing a secretion of bile, many remedies being in successful use for this purpose, and that salts might so be used.

Dr. Henry Jones spoke at some length, reminding us of two forms of dysentery not generally referred to by writers on this subject, *i.e.*, the Summer, or Autumnal, and Winter varieties, wherein the symptoms were generally alike, but results strikingly different—the Winter variety seldom proving fatal, being of a simple catarrhal nature, and not attended by that hepatic derangement, as in the Autumnal. The Doctor related a recent remarkable case of dysentery as under his charge, not so much as to its therapeutical bearing as for its unusual symptoms, progress, etc., etc.

Dr. Edgar, Sr., remarked that he had considered the saline treatment indicated in congestion of the capillaries of the mucous membrane of the bowels. In the army it was valuable in the treatment of flux or diarrhœa, following exposure, lying on the cold, wet ground, etc., before they take to bed with symptoms of inflammation of the lower bowels, or dysentery proper.

Dr. Henry Jones, of Jacksonville, and Dr. Kimber, of Waverly, were appointed to write essays for next meeting.

With an expression of thanks to the gentlemanly City Clerk for the use of his rooms, the Society adjourned to meet at two o'clock P.M., on the second Thursday of November next.

JOHN W. CRAIG, *Secretary pro. tem.*

CLARK COUNTY MEDICAL SOCIETY.

This Society met on the 6th day of November, 1867, at the office of Dr. Gard, Martinsville. The numbers present fully appreciated the hospitality of Drs. Gard and McNary.

Dr. J. D. Mitchell, of Darwin, read a paper on "Shoulder Presentation." Drs. S. Juniper and D. O. McCord, of York, were consulting physicians.

At the time they visited the patient, the waters were evacuated, and the tonic contraction complete, consequently cephalic version was impossible, and it was also impossible to bring down the foot. In this condition, the only remedy seemed to be decapitation, which was, by mutual consent, performed successfully by Dr. Mitchell. The body of the child was then delivered without any difficulty, and then the head. The patient had a rapid recovery.

This report led to a spirited discussion on shoulder presentation, in which all the members participated.

Dr. F. R. Payne read a lengthy paper on the "Philosophy of Practical Medicine." He fully exposed the falacy of all theories that could not be supported by experience and careful tests.

The thorough study of diseases, and the effects of their modifiers, cannot fail to lead to important practical results.

Dr. Spencer read a paper on "Carcinomatous Diseases." For all practical purposes, he contended that it was only necessary to be familiar with three varieties—scirrhus, encephaloid, and colloid. These varieties he regarded as distinct, and if not removed, must, in all cases, result in death. The great question, he said, was, can cancer be cured? For the last twenty years he had spent much time in the study of this disease, and had thoroughly tested the value of many remedies. In some cases the knife may effect a radical cure; but if the disease is deep-seated, this remedy only brings temporary relief.

For many years he has abandoned the use of the knife, and relies upon sulphate of zinc locally applied to the tumor, in a fine powder. If the system is effected with the virus, he uses

tonics and other remedies, so as to thoroughly prepare the system before the application of the medicine.

Dr. F. R. Payne offered the following resolutions, which were unanimously adopted:—

Resolved, That the members of this Society heartily approve of the recent action of the convention of delegates from the medical colleges of the United States, held in Cincinnati last May, which was emphatically endorsed by a unanimous vote of the American Medical Association, urging an improvement in the whole work of medical education in this country.

Resolved, That we are fully satisfied that it would add greatly to the honor and usefulness of our profession if all of our medical colleges would adopt a possitive standard of preliminary education—the long terms of collegiate instruction—a systematic and successive order of study, with chemical instruction in public hospitals.

Drs. Gard and McNary gave a very interesting history of epidemic diphtheria as it prevailed in their locality during this fall. The treatment found most successful was very simple, and consisted in olive oil, chlorate, potass, and honey, mixed, and given freely. They also, after the first few days, gave mul. tinct. ferri. Under this treatment, nearly all the cases got well.

The members present reported that the last summer and fall had been remarkably healthy. We have had but very few cases of autumnal fevers. This was, doubtless, owing to the extreme drought in this part of the country.

The Society then adjourned, to meet in Marshall, Illinois, on the 1st Wednesday of January, 1868.

F. R. PAYNE, *Pres.*

J. D. MITCHELL, *Sec'y.*

Selections.

RÉSUMÉ OF THE CHOLERA OF 1867.

Dr. John C. Peters read a very able and interesting paper upon the progress and distribution of the late epidemic, tracing it from its indigenous source, to those portions of the globe where it may more properly be considered as exotic. The various routes pursued by cholera, and their immediate connection with the great lines of commerce and travel, were amply and clearly illustrated by very carefully prepared maps. As an abstract of this paper would scarcely do justice either to its author, or the subject matter, we present the greater portion of it in full, hardly knowing where to compress, since the whole paper itself is a condensed statement of interesting facts, logically and clearly connected.

The Dr. remarked that cholera has prevailed in few places this year; we have merely had to deal with the remains and dregs, as it were, of the great epidemic of 1865, rather than with any new infection, except perhaps in one place, viz., Hurdwar, in Hindoostan, near the source of the Ganges. The great epidemic of 1865, was particularly noted for the course or line of travel which it pursued, for this differed from all previous routes. It started from Bombay, passed up the Red Sea to Mecca, from thence to the Mediterranean, and from thence to all parts of Southern Europe.

Before the establishment of the overland route to India, and the use of steam-vessels on the Red and Mediterranean seas, cholera died out on ship board, before it could be conveyed from Calcutta around the Cape of Good Hope to England. It was formerly conveyed across Central Asia to Russia, because Russia had monopolized almost all the trade with the Asiatic tribes, and we know that cholera follows the lines of commerce. This Russian trade extended more especially from the towns of Astrachan on the Volga, and Orenburg on the Ural river, down to the very borders of Hindoostan. There is hardly a tent or house in all Central Asia, which is not supplied with Russian articles. No less than 3000 camels are employed in carrying iron pots alone, from Orenburg, and one company of traders employ 27,000 camels. Of course cholera has often travelled and will continue to travel overland from India to

Russia, as long as this extensive trade is maintained, and the towns of Orenburg and Astrachan will not only be the most exposed, but will also be the first to contract the disease. This was so well known in 1832, that the Asiatic cholera was called the Russian cholera when it reached the borders of England.

Another great line of cholera-travel towards Europe, is up the Persian Gulf, through Persia to the Caspian Sea, and Astrachan in Russia. These three great routes were illustrated by very carefully prepared maps.*

As cholera always, or at least very frequently, moves along the great lines of travel and commerce, the question whether it is communicable from one person to another, is a most important one, and this question is now considered as having been definitely settled by the experiments of Thiersch, in 1854, and the corroborative ones performed in England during the past season by Burden Sanderson, and Thudichum.

In repeating the experiments of Thiersch, these latter gentlemen discovered that when the cholera matter had killed one series of mice, another series which devoured the dead bodies of the former, were seized with the disease in equal virulence, the mortality ranging as high as 57 per cent.

Carrying on the experiments to a *third series* of mice, a mortality of 50 per cent. ensued.

It is very interesting to note that these experiments succeeded in August and September, but always failed in November, owing doubtless to the low temperature which prevails at that time. There seems to be some relation between this result and another great fact, that cholera almost always dies out in the fall of the year, or rarely continues during the winter. The author then took up the subject of microscopic fungoid growths, as connected with the causation of cholera, giving special prominence to recent observations made by the Germans, which would seem to prove a vegetable origin. It ought to be added,

* The author has very kindly placed at our disposal, many of the more important maps showing the course and distribution of the principal epidemics, which, starting from India and Hindoostan, have travelled through Europe, and from thence been transported to the United States, and spread itself, by means of military conveyance, to various army stations and Indian tribes. We regret that a want of space precludes us from availing ourselves of his generosity. These society Reports follow each other in such rapid succession, and demand so much of our space for mere *printed* matter, that anything but the most meagre illustration in the way of engravings is necessarily precluded, both on account of want of room and time. By frequent reference to ordinary maps, the careful reader will be enabled to follow the author's interesting researches, and thus, though perhaps less satisfactory, supply the want of illustrations.

that the ordinary vibriones have frequently been discovered in large quantities in the rice water evacuations, even while yet contained in the small intestines, showing merely that there is a remarkable proneness to decomposition of the intestinal contents. English observers, as a rule, have not placed much stress upon these microscopic bodies, being content to destroy their pernicious effects by liberal applications of carbolic acid, permanganate of potash, and other disinfectants.

In our own country we have had but little cholera this year, still that little has been in interesting quarters. Last season, viz., 1866, it went from New Orleans, up the Mississippi to the Arkansas, to Little Rock, thence to Fort Smith, from thence to Fort Gibson and Fort Arbuckle. It again broke out in all these places this spring (1867), and also at Helena and Memphis.

At Fort Gibson it commenced in June, and soon rose to the high mortality of 25 per day in that little place, and was also handed over to the Cherokee and Creek Indians, in that neighborhood.

Fort Gibson has an historical interest in connection with eholera, for the disease has prevailed there no less that four different times. It broke out in New Orleans in October 1832, and again in May 1833, and was carried to Fort Gibson in the third quarter of the year 1833, and destroyed 170 persons.

The cholera of 1848 began in New Orleans in December, and was carried up the Arkansas river in steamboats, and reached Fort Smith in the second quarter of 1849, and from thence was again carried to Fort Gibson, where 181 cases occurred in the U. S. army in July and August of 1849. In May 1851, cholera was again carried to Fort Smith by two companies of the 5th infantry, who came from Corpus Christi, Texas, with cholera.

It was also carried last year from St. Louis and Jefferson Barracks near it, up the Missouri river to Fort Leavenworth, where it again broke out this spring, and was carried to Forts Riley and Harker, and from thence to the new town of Ellsworth, which at that time was only six weeks old; but cholera reached it unerringly, because soldiers, rail-road laborers, and others coming from infected districts, passed through there with the disease.

This is a new line of travel for cholera to take from Fort Leavenworth. Formerly it was always carried northwest along the great Oregon trail to Forts Kearney and Laramie, and thence across the Rocky mountains.

Fort Leavenworth has great historical interest in connection with cholera. It prevailed there in 1833, in June, 1849, July, 1850, June and July, 1851, May, 1852, June, 1854, and again in 1866 and 1867. It has regularly been brought there from St. Louis, and was handed along the great line of travel to Oregon, along the Platte River to Fort Kearney, and from thence to Fort Laramie, and from thence to the Pacific coast. The reason that it has so often been brought to Fort Leavenworth is, that this place is not only on the great line of emigrant travel to Oregon, New Mexico, and the great plains, but also used to be the great depot for supplies, and a rendezvous or starting-place for all the United States troops going west. Now the line of travel is somewhat diverted to the Pacific Railroad.

In 1854, over 1000 emigrants died of cholera on the road, before they reached Fort Kearney, and many Indians, who loitered along the emigrant road from curiosity, and for the purpose of begging, paid a terrible penalty.

Thus, there have been no less than eight epidemics of cholera at Fort Leavenworth, all due to its intercourse with St. Louis. In 1866 there were 3500 deaths from cholera in that city, and this year 482. The cholera of 1832 did not reach Fort Leavenworth till 1833, but it reached the Sac and Fox Indians, then in Iowa, from Fort Crawford, near Prairie du Chien, as early as August, 1832, and from Fort Armstrong, on Rock Island, in September, 1832. The Black Hawk war was then going on, and the U. S. troops contracted the disease (then coming down from Canada) at Detroit, carried it to Fort Dearborn, or Chicago, and from thence to Forts Crawford and Armstrong, and gave it to the Sac and Fox Indians.

An outbreak of cholera has just occurred at the Philadelphia Navy Yard, in which there were forty deaths in the receiving-ship, traced to new recruits enlisted with incipient cholera.

An outbreak at Havana is now reported.

An English troop-ship, the Himalaya, direct from Malta, has brought the disease to Quebec. The Himalaya took two soldiers on board with premonitory diarrhœa or incipient cholera. They were the first cases of cholera which occurred on board the Himalaya. The disease died out on the long voyage from Malta to Quebec, but as infected articles possibly had been retained on board, Dr. Marsden carried out the strictest sanitary measures against her.

Professor N. S. Davis, of Chicago, has just published an article, in which he takes the ground that true Asiatic cholera can originate in any city and any country, irrespective of

importation. That the same causes which now are acknowledged to give power and activity to the infection, are capable of originating it anywhere. These causes are, high temperature, moisture, accumulation of decomposable animal and vegetable matter, and absence of proper ventilation and drainage. He denies that the epidemic of 1866 in Chicago, either in its beginning, progression, or decline, could be traced to any influence from the importation of persons or goods from other localities.

It is sufficient to say that the causes of common cholera prevail every year, but we never have Asiatic cholera in this country, except after it has occurred in Europe, that it always prevails in the East before it does in the West, and that it is easy to confound common cholera with Asiatic cholera.

The distinction between common or country cholera and the true epidemic pestilence, was made, even in Hindoostan, as early as 1817. In common cholera, which is allied to diarrhœa, cholera-morbus, etc., the loss is six or seven per cent., while in true Asiatic cholera, the loss is sixty to seventy per cent. It is a significant fact, that Dr. Davis has been remarkably successful in the treatment of what he supposes to be true cholera.

No one denies that diarrhœa, cholera-morbus, cholera-infantum, and septic cholera prevail very largely in the dirty portions of all great towns, in the summer. But neither of these diseases is true Hindoostanic or Asiatic cholera. The English cholera often approaches the Asiatic in severity, at least in appearance, but the majority of cases recover, and the more experienced English physicians do not confound these diseases, except, perhaps at epidemic times. But Dr. Davis' article, and another in the *Boston Medical Journal*, are interesting, as proving how closely ordinary cholera sometimes resembles its more malignant prototype.

Cholera in Europe in 1867.

Cholera prevailed at Warsaw, in Poland, between June and August of this year. There have been about 4000 cases and 2000 deaths.

There have been many cases in Switzerland, all traced to direct importation from Italy.

At Rotterdam (Holland), there were 18 or 20 cases a-day in the beginning of September, but by the 21st, it had decreased to two or three per day. It has remained at Rotterdam since 1865, or rather has broken out again in the summers of 1866–67. I do not know how it reached Warsaw, but Drasche, the

celebrated historian of cholera, says it was conveyed direct from Rome to Zûrich in Switzerland, by a family which fled from the former place: a child, which had already been sick with premonitory diarrhœa, was the first attacked, then the washerwoman, then a relative, then a friend who often visited the house. There were 591 cases in Zûrich this summer.

The rest of Europe has escaped this year, with the exception of Italy, Tunis, and the islands of Sicily and Malta. Sicily escaped in 1865, in consequence of a strict quarantine, but an insurrection breaking out in 1866, Italian troops were sent from Naples and other parts of Italy, and carried the cholera with them. In fact, this is the third year in succession that Naples has been visited by cholera, and the causes are obvious. There is not a street or lane in which putrid exhalations and pestilential smells are not emitted from many sewers and choked conduits, poisoning the air, and even rendering it necessary to rinse the mouth frequently, to get rid of the disagreeable taste. The water is also bad.

From Naples it was carried over to Palermo in Sicily, by Italian troops. This was so manifest, that the soldiers were charged with having poisoned the wells, fountains, etc., and much popular indignation was excited against them. In Sicily there were no less than 12,000 cases and 7000 death in two weeks, and 60,000 people left the island. In Italy, last summer, the ravages of the disease were very great, no less than 63,000 cases and 32,000 deaths having occurred in a few months. The same scenes of prejudice and superstition were enacted in Italy as in Sicily, aided by the machinations of the reactionary party against Victor Emanuel, especially by the old Bourbon party, and, it is said, by some of the priests whose religious establishments had been bróken up.

The people would not only not drink water, neither would they use it for washing purposes. Doctors, soldiers, apothecaries, nurses, and witches, were accused of carrying the cholera about in powders and ointments, scattering it in the air, and putting it in the water. The use of disinfectants probably led to this malicious charge, and the well known malign influences of bad water, especially that contaminated with matters from the sewers, led ignorant people to believe, and designing villains to charge that the drinking water had been poisoned. Many apothecary shops were destroyed to get at the ointments and powders which were supposed to disseminate the disease. Railroad trains and the mails were stopped, and, finally, the dead were left to rot in the houses from whence all

the rest had fled. The soldiers were obliged to break open these houses and bury the offensive corpses. Finally, the dying refused to received the sacred wafer from the priests, fearing that it might be poisoned, and rejected both food and medicine from soldiers and priests. Soldiers, physicians, apothecaries, and supposed witches were mobbed as cholera-agents. The noble and zealous often showed as much ignorance as the superstitious. Thus, when cholera broke out in Albano, Cardinal Altieri, the bishop of that place, started at once from Rome, took all the money he could raise, stripping his palace of all clothing, bedding, and food, and took two physicians with him. When he reached Albano, he addressed the people at once, carried the sacred host barefooted through the streets, administered the sacrament to all, gave away all his linen and beds, took no sleep, and ate coarse food. He, of course, died in three or four days. So strong was the belief that the soldiers and the authorities caused the cholera, that a brigand, named Palma, ordered the professors and prefect of the town of Rossano to cause the disease to cease instantly, or he would come down with 4000 men, and burn and destroy everything before him.

A Society of the Sacred Heart of Jesus was formed to prevent cholera; each member to wear a cross cut out of red woollen, and surmounted by a little cross, the whole to be fastened upon a square of white woollen, with the inscription, "Stand off, the heart of Jesus is with me." Bishop Fetici, of Parma, granted forty days' indulgence to all who would wear the badge and repeat certain prayers daily.

How different has been the conduct and success of the English authorities, especially in and near Bristol, the home of Dr. Budd. They attended to the things which were before their eyes, and under their noses, and seemed to care little for the air above or the waters under the earth, except that used for drinking. Thus Pill, a little town five miles from Bristol, England, with 1800 regular inhabitants, became fearfully overcrowded by sailors and railroad laborers. There had been twenty-five cases of cholera. The town was very filthy, and had a ditch and brook filled with refuse matter from sewers; many privies emptied into it by open drains. Many houses had no privies, but their inhabitants used the banks above the brook for this purpose, so that it was absolutely covered with fœcal matter. All the cases could be, and were traced to direct contagion. There was no trifling with a few teaspoonfuls of carbolic acid or a handful or two of chloride of lime, but all

the privies and dunghills were thoroughly disinfected, one-half ton of sulphate of iron was put in the ditch, and the surface covered with chloride of lime. Where the brook emptied into the village, one hundred pounds of sulphate of iron was thrown in every morning; a strong solution of sulphate of iron was put in every drain, and carbolic acid, one-half pint to a bucketful of water, followed after. The privies were washed down with a solution of carbolic acid, fumigated with chlorine, and covered with chloride of lime and charcoal powder. Filthy greund was watered with solutions of carbolic acid, and covered with Calvert's powder. Infected houses were fumigated, whitewashed, and the floors scrubbed with a solution of permanganate of potash. All bedding and linen, soiled with cholera discharges, were, as far as possible, destroyed. Nurses were sent down from Bristol, and went to every house where cholera existed, and taught the inmates how to use disinfectants in bed-pans, close stools, chamber pots, etc.

Cholera discharges had been thrown upon a heap of refuse near the principal well of the town, this was so drenched with carbolic acid, that an accidental rain rendered the water undrinkable. Depots were established where medicines, beef-tea, milk, and ice could be obtained, and schoolmasters and clergymen were supplied with cholera medicine. It required four days to carry out these arrangements. During the first two days, fourteen fresh cases occurred; upon the fourth day, only seven new cases were noticed, and many of these had been previously infected. The last case occurred on the twelfth day after these proceedings were established. In twelve days, the epidemic was at an end.

As Malta is in the direct line of travel from Mecca to Alexandria, and many Mohammedans live on the island and often go on pilgrimages to Mecca, the disease now prevails there very frequently. In the week before October 4th, 1867, one hundred and forty cases, and ninety deaths had occurred.

Cholera in India in 1867.

In Hindoostan, the home of cholera, what is now graphically called the "Pilgrim nuisance" has been forced anew upon the medical and other authorities. The *London Lancet* of July, 1867, says: "There never was, perhaps, a more forcible illustration of the doctrine that cholera travels along the lines of human intercourse, than that supplied by recent occurrences in April, May, and June, 1867, at Hurdwar and its vicinity. One of those well-known great native gatherings took place there

this year, in April, 1867. Cholera appeared; the vast assemblage broke up, and dispersed towards their homes and spread the disease along the whole line of their route. From Hurdwar, as a centre, did the disease radiate outwards in the diverging lines taken by these natives."

The Indian correspondent of the *British Medical Journal*, of June 8th, 1867, writes: "The returning Hurdwar pilgrims seem to be carrying the cholera poison with them in all directions. Despite every precaution taken to keep them out of the English military station at Umballa, which is the first post north-west of Hurdwar, and scarcely twenty miles away, and that by means of a cordon of police and the troopers of the 11th Bengal cavalry, two infected pilgrims managed to get into the Bazaar of the 94th regiment of white troops. In consequence, some thirty cases of cholera soon occurred, including three medical officers, one lieutenant, some white soldiers, and many native troops and camp followers. Up to April 19th, 1867, it is known that 269 cases of cholera occurred in one column of pilgrims in the short stretch between Hurdwar and Umballa, and many more deaths happened in this and other columns which pursued this and other directions."

The great towns of Lodiana and Lahore which, like Umballa, are on the grand trunk road to the north-west, were reached next in order. From Lahore, cholera spread north-west in a direct line along the grand trunk road to Attock and Peshawur. In the London *Medical Times and Gazette*, we read: "During the present epidemic (1867), Peshawur, the advanced post of north-western India, has suffered most severely, though cholera is now widely disseminated throughout India, and exists at most of the military stations in Bengal. Ten per cent of the troops at Peshawur have already been attacked, and fifty-eight per cent of these have died."

At the present time, the English Government maintains a regular standing force between Hurdwar and Peshawur, of more than 12,000 men. A large English garrison is kept at Amballa or Umballa, the nearest point to Hurdwar, and at Lodiana, a little farther north. From Peshawur, the cholera of 1867 will almost certainly be taken to Cabul, thence to Balk, and finally to Bokhara, which latter place our friends the Russians are now beseiging, or have already taken. The cholera may reach the Russians there, and they may carry it back to Khiva, and thence to Astrachan and Orenburg, where it has always been previously conveyed by the Asiatic and Tartar tribes. The above facts are particularly interesting, because

cholera has always been conveyed to Central and Western Asia, to Persia, and to Russia, by this same route through Attock and Peshawur. In fact, if it is conveyed by persons, and not solely by winds, it can go in no other direction.

The province of the Punjaub, the extreme north-western province of Hindoostan, which has Hurdwar on its south-eastern boundary, and Peshawur, the border town, or extreme advanced post of all Hindoostan, on its north-western line, is enclosed on all its northern and eastern sides, by the Himalaya mountains, extending in one unbroken line for nearly 1000 miles in length, and about 80 in breadth, forming a continuous pile of precipices, rocks, snow, and ice.

Nothing resembling a wagon, or even ordinary beasts of burden, such as horses or oxen, can pass this barrier. Goods can only be carried on the backs of sheep and goats, and thus a scanty trade is carried on between Hindoostan and Thibet. The first and only break or pass in the Himalaya mountains is at the town of Attock, where the Cabul river makes its junction with the Indus.

The Province of Punjaub and the town of Attock, have great historical, commercial, and medical interest. Almost all the invasions from the time of Alexander the Great—336 B. C., have taken place along the line of the Cabul River, through the town of Attock. Almost all the trade of Hindoostan, with Persia, Independent Tartary, Central Asia, and Russia, almost every epidemic of cholera has followed the same route of travel and conquest, and one of the great nurseries of cholera exists at Hurdwar, just below the Southern boundary of the Punjaub.

I am not quite certain that the first great modern epidemic of cholera, that of 1817, escaped by this route. It probably did, but up to the present time no European has ever been able to go from Cabul to Balk, Bokhara, and Khiva, except in disguise, and the sources of information are necessarily scanty.

But in 1827, it destroyed 30,000 persons in Lahore, and passed from there to Cabul, over the Himalaya mountains, and from this last city, which is a great emporium for the merchandize of Russia, it was tranferred by caravans through Balk, Bokhara, and Khiva, to the Caspian Sea and Russia. At Cabul the two great lines of travel from Persia and Russia meet, and at Cabul the great line of cholera coming up from India divides, the one line leading to Persia, through the towns of Herat and Teheran, and finally to Astrachan; the other leads through Balk, Bokhara, and Khiva, to Orenburg, in Russia.

Another writer says: "Hurdwar is a great mart of commerce, and a celebrated place of Hindoo pilgrimage. In the month of April the pilgrims perform their ablutions in the sacred Ganges; and great numbers of merchants follow, forming one of the largest fairs known in Hindoostan. In 1807, no less than two millions of strangers attended them. In 1783, we are told by many authorities, that about one and a-half million dervishes assembled at Hurdwar, to celebrate a religious festival of peculiar popularity, and that in eight days 20,000 of them died of the cholera." It is perfectly evident from the above, that if cholera originates anywhere in India and reaches the neighborhood of Hurdwar, it will be strengthened there every year in April, and that every *twelfth year* this influence will be quadrupled, or more. Every year that cholera originates at Hurdwar, or is brought there, it will be conveyed northwestward through Attock and Peshawur to Cabul, and then will proceed due westward to Persia, northward to Balk, Bokhara, Khiva, to the nearest Prussian commercial towns, which are Astrachan and Orenburg.

Roberts says: "The largest of all the Indian fairs is held at Hurdwar, at the time of the vernal equinox. From 200,000 to 300,000 persons congregate there every year, and *every twelfth year* the number of pilgrims, merchants, and visitors frequently exceeds one and a-half millions. This fair is a focus for the produce of all India, from Calcutta in the south-east, to Bombay in the south-west, and all the intermediate provinces: also of Cabul, Afghanistan, Persia, Arabia, and Independent Tartary. Horses, cattle, camels, jewelry, Persian dried fruit, spices, shawls, cotton goods, cutlery, etc., are the principal articles of trade."

Of all the great seaport towns of Hindoostan, as connected with the transportation of cholera, Bombay has excited most interest since 1865; far more, in fact, than Calcutta used to. It seems well proven, that our last great epidemic, viz., that of 1865, was conveyed from Bombay to Makulla, on the southern Arabian coast, thence up the Red Sea to Mecca, thence to Suez, Cairo, and Alexandria, to the Mediterranean; and from Alexandria to Constantinople, Malta, Marseilles, and Southampton, England.

Bombay should have excited much more attention long ago than it has yet received.

The cholera of 1817 started from Allahabad, at the junction of the Ganges and Jumna Rivers, reached the Marquis of Hasting's army, just below in the Bundlecund, was carried

down to Nagpoor, and from thence to Poonah and Bombay, which it reached early in 1818, by means of troops passing to and from Bombay and Nagpoor to coöperate with the Marquis of Hastings.

There were nearly 16,000 cases of cholera in Bombay, from August 1818, to February 1819. In 1821, the Presidency of Bombay was again the seat of the disease, in its most mortal and malignant form; and it was carried over to the Persian Gulf by a convoy of English troops.

It returned again to Bombay in 1825, in great severity, and caused great alarm. Large cholera hospitals were built, and immense quantities of wood, tar, and gunpowder were burned, and large quantities of vinegar used as disinfectants. The epidemic of 1821 progressed up the Persian Gulf to Bushire, thence crossed Persia by way of Shiraz, Ispahan, and Teheran, to Tabrez and Tiflis, and from thence to Astrachan, in Russia, which it reached in 1823. At Astrachan the precautions of the Russian Government were so efficient that the disease was stayed, and did not reach that place again until the 19th of July, 1830, seven years afterward, when the old belief in contagion and infection having died out, the disease was allowed to spread to Russia, and also to Europe.

The cholera of 1829 at Bombay, was conveyed over the same route, but did not stop at Astrachan, for it was carried through to Poland and Prussia, to Hamburg, and from thence to London.

During the last year renewed attention has been paid to the frequency and extent of Hindoo pilgrimages, and their influence upon cholera. The river Ganges has been found to be dotted with holy places, from its mouth in the Bay of Bengal, to its source in the Himalaya mountains, at Hurdwar. At the mouth of the Hoogly, below Calcutta, is situated Saugar Island, the extreme point of which is considered by the Hindoos to make the junction of the Ganges with the sea, and is accordingly esteemed as one of the holiest spots in India. At a certain season of the year they flock thither in great numbers, for the purpose of bathing and offering sacrifices. There is much reason for the belief that the first great cholera originated here, and was carried up the Ganges, both to Calcutta and Jessore, although both of these places are filthy enough to generate cholera within their own limits. Several great festivals take place annually at Calcutta.

About 150 miles north of Calcutta is Gaya, the birth-place of Budda, and the scene of Vishnu's incarnation; a place

annually visited by vast number of pilgrims. Near Patna is the remarkable mountain Junghera, rising like an island from the Ganges. It was formerly considered the holiest spot along the whole river, so that thousands of boats and larger vessels were constantly to be seen there, as many Hindoos thought they could not die in peace without visiting it.

Benares, still further North, is the holy city of the Hindoos, of far greater sanctity to him than Mecca to the Musselman, or Jerusalem to the Jews, for here Mahadeo, the god of the Creative Principle made his last appearance on earth. It is so particularly sanctified, that all who live within a circuit of five miles, or visit it, go to Heaven, whether they wish to or not. The daily number of devotees on the banks of the river is 50,000, and at least 300,000 or 400,000 arrive annually at the great festival of Mala, in honor of Mahadeo; and the river is black for miles with the bathers' heads. The streets are both dirty and ugly. Many of them are so narrow that there is scarcely room for a palanquin to pass.

The Ganges waters near Benares is so holy that it is carried great distances. Bayard Taylor found the road swarming with pilgrims, each carrying his two jars of Ganges water to his home. In one afternoon he passed thousands and thousands of the lowest and poorest castes thus employed.

Allahabad is 76 miles North of Benares, near the junction of the Jumna and Ganges. It is called the city of Allah, or the city of God, because it is believed that a third invisible river flows direct from Paradise and joins the Ganges here. The festival at Allahabad takes place in February. Bayard Taylor found the road thronged with pilgrims returning from it, and most of the women, as well as men, carried large jars of Ganges water suspended from poles. We can now for the first time understand the almost inconceivable rapidity with which cholera spreads along the Ganges, both up and down, when an epidemic once commences. It must also be remembered that *the influence of these pilgrimages is increased from four to ten-fold every twelfth year.* But these religious festivals occur not only along the Ganges, but also throughout all India, and not only every year, but almost every month in the year. Thus every temple, like those at Juggernaut and Conjeveram, has a festival on the anniversary of its dedication, which lasts ten days, and people assemble from all parts of India.

Great attention has been paid by the English authorities to the sanitary condition of the pilgrims to the great temples of Juggernaut and Congeveram. Cholera used to occur at both these

places, and notably so on the twelfth year. Both these places have great historical interests in connection with cholera. The great epidemic of 1781, recorded by Curtis, the only one which has been accurately described previous to 1817, originated in the neighborhood of Juggernaut, at the annual festival which takes place early in March, when the moon is of a certain age. Colonel Pearse's force of 5000 men was assaulted at Ganjan, only a few miles below Juggernaut, on March 22, 1781, in the same terrible manner as were the forces of the Marquis of Hastings in the Bundlecund, *three times twelve*, or thirty-six years subsequently, viz., in November, 1817. The onset commenced with almost inconceivable fury. Men previously in perfect health dropped down by dozens, and those less severely attacked, were generally past recovery in less than twenty-four hours. The cramps of the limbs and body were dreadful, and the distressing vomiting and purging were present in all cases. Besides those who died, over 500 sick accumulated in the hospital in the course of a few days, and in a short time more than one-half of the army was on the sick list. This epidemic forced its way up some 250 miles to the North-east to Calcutta, and occasioned a great mortality among the native inhabitants, and then pursued its path still further Northward, but doubtless owing to the scantiness of the European population at the time, all attempts to trace its further progress are said to have proved fruitless; still it is well to notice that the third period of *twelve* years, or thirty-six years after, will bring us to the great epidemic of 1817; and the seventh period of twelve years, or eighty-four years, subsequently falls upon the last epidemic of 1865, a fact which I believe I was the first to notice.

The thanks of the Society were tendered to Dr. Peters for his able and interesting resume.

Dr. M. Herzog remarked that Thiersch had recently established the interesting fact, that cholera was not communicable from one person to another in less than twenty days.

The experiment of Pettenkofer proved that sporules of cholera could not exist where there were a plentiful supply of pure water. In houses supplied with water-closets, no cases of cholera occurred in New York city in 1867. There were two exceptions to this, but it was found that in these cases the water-closets were defective.

He considered that the cause of the periodical increase of cholera had a deeper cause than the twelfth year theory, and was to be explained by the prevalence of rain and subsequent dryness forming a subsoil stratum of moisture. He considered

that, during 1867, we were protected from the spread of the cholera by the plentiful and continuous rains which occurred during the whole summer, but as this will tend to establish a great rise in the subsoil water, he sincerely believed that we will be more in danger of cholera in 1868 than we have been in 1867.

Dr. Noyes, of the Committee on Portraits, reported favorable progress. A photograph of the Staff of the New York Hospital had been secured, and Dr. S. Katz had presented a valuable collection of portraits of the celebrated physicians and surgeons of France.

The Society then adjourned. M.

OVARIOTOMY; WHEN AND HOW TO OPERATE; AFTER TREATMENT.

Abstract from Remarks of E. R. PEASLEE, M.D., at N. Y. Medical Journal Association, May 24, 1867.

Reported by E. S. BELDEN, M.D.

Mr. President—Three years ago, I presented a paper to the Academy of Medicine on Ovariotomy, which was published in its "Transactions." My opinions as there expressed have not materially changed; but as some new things have been proposed since then, it is to these especially that I wish to call your attention this evening.

At that time there still remained some doubt in the minds of certain eminent surgeons whether ovariotomy should be recognized as a legitimate surgical operation or not. I then gave my reasons, and the statistical facts and arguments for the conclusion that it has as high a claim to be thus recognized as any other important operation, and I think very few would now be found to controvert it. During the past five years the operation ovariotomy in the hands of experienced ovariotomists has done more in proportion to the number of cases operated upon, for the prolongation of life, and less to shorten life than any other surgical operation which can be at all compared with it in point of magnitude. The percentage of lives saved by experienced ovariotomists during this time is probably not short of eighty per cent.; and these are patients who are doomed on an average to die without the operation within twelve to eighteen months, and, who, if they are saved thus, are likely to live as long as other women of the same age.

A point then in connection with ovariotomy, of much interest is, that the operation is followed in a very few days, either by death, or, on the other hand, by life and health of indefinite duration, as just stated. If successful, it is to the woman a resurrection. A patient remarked to me, "she felt as though she had commenced an entirely new life." The results suggest the expression of the poet:—

"Aut cita mors, aut victoria læta."

If this operation is performed in a case which is uncomplicated, it is one of the most simple of surgical operations. On the other hand, if complicated in a high degree, it is the most difficult and formidable operation the surgeon ever attempts to perform. And not even the most experienced operator can certainly determine beforehand, whether he has a simple or a complicated case. Where he had expected no difficulty at all, he may find a condition of things that will require all his coolness, deliberation, and caution, to enable him to get through without leaving his patient dead upon the table. I can say that ovariotomy sometimes demands more of all these qualities, and more care and judgment in the subsequent treatment, than any other I have ever attempted: though, during seventeen years of my professional life, I frequently performed all the capital operations. This peculiarity has not, however, been sufficiently recognized.

Encouraged by the facility of operation, and the frequent successes of the most favorable cases, many a physician has attempted ovariotomy, who would never think of attempting any other surgical procedure, not even the amputation of a finger. The results have been, as might be anticipated; the first case of real difficulty, or perhaps the second, terminating alike the operator's zeal and his success. It is, however, the fact that a simple case operated on at the most favorable time, will probably recover in spite of a large amount of operative bungling.

We all know the difficulty of diagnosis, in complicated cases, and the mistakes which have been made, but I omit this topic entirely.

The first question I will consider is, at what period in the development of the disease shall the operation be performed? The question lies, of course, between performing the operation early, while the patient is still in robust health, and deferring it until she begins to be somewhat reduced by the disease; no one would defer til she is just about to die in consequence of it.

Spencer Wells, and Baker Brown, maintain that the operation should be performed early, in full health. Mr. Hutchinson, of London, says it should be performed "as early as possible." Baker Brown once performed this operation when the tumor had been detected only eight weeks before. The patient died on the ninth day. Mr. Erichsen, Tyler Smith, and Dr. W. L. Atlee, of Philadelphia, take the ground that this operation should not be performed at this time; but when at length the patient begins to yield to the disease; and in this opinion I concur.

The reason in general, for the first proposition, is that the patient endures a severe operation better if it is performed when she is in full health; a statement which I have not found to be substantiated by statistics—as shown in the paper to which I have alluded.

I cannot here specify all my reasons for deferring the operation till the general health begins to fail, but the following are some of them:

In the first place, if the operation is performed upon a patient in full health, she is, other things being equal, more liable to peritonitis after it; and peritonitis destroys about one-fourth of all who die from the effects of the operation. Spencer Wells, operating on patients in full health, when symptoms of peritonitis appear, bleeds them, and in that way has sometimes saved them. And certainly this is very judicious practice, if the operation is performed thus early; but I think it would be better to diminish the risk of peritonitis, by some delay. Besides, if the patient is in good health, she is certainly in no immediate danger; and we make sure of adding a certain amount of time to the patient's life by the delay. And we may often wait six months or a year, and find her still in as good health as to-day.

Again, if we wait, further opportunity is given to perfect the diagnosis; and every one knows how difficult this is in some cases. Even Spencer Wells, whom I saw perform his 174th and 175th operations last July, and who has now operated over 200 times, still pronounces his diagnosis with caution. But he waits and reëxamines the case until he feels very positive; and he has very seldom had to record a mistake. If we wait till the abdomen is largely distended with fluid, it may become necessary to tap her, though still in pretty good health; and this operation may at once clear up all doubt, if any before existed, whether the case be one of ovarian tumor. If the tumor be one which can be very much diminished by tapping,

i.e., if there be one or more large sacks—I make it a rule to tap before deciding as to the operation of ovariotomy. Many of the tumors in this region, at first thought to be ovarian, are not so, but are cured by a single tapping. I have had two such cases, and consider this a very important point.

A patient, the wife of a professor in one of the Western colleges, called on me some years since, who had seen three or four of the most distinguished surgeons and physicians in this city, all of whom had pronounced her case one of ovarian tumor. I examined her case thoroughly, and had not the least doubt that it was such. She went to a distinguished surgeon in Massachusetts, who had no doubt as to its nature, and offered to remove it immediately if she wished. I declined to do anything in the case till tapping should be required; after which it would be time to decide respecting ovariotomy. A year afterward, the tumor began to interfere with respiration and digestion, and I considered that the time for tapping had come. I tapped her, but there was no ovarian tumor; and no farther operation was required. The uterus, prolapsed by the pressure of the fluid, soon regained its normal position, under appropriate treatment. She gave birth to a child about seventeen months afterwards; and has now enjoyed perfect health for the last five years. The sack was one of those developed in the broad ligament.

I have had another case like the preceding; and by waiting and tapping, I found a similar sac, instead of an ovarian tumor, and that no further operation was required.

Spencer Wells has noted a few cases where he had tapped tumors of this kind with the same result.

The fluid contained in these sacs is as transparent as water, and contains no albumen, (certainly in most cases,) and has great refractive power. It is entirely different from the ovarian fluid; especially in the fact of the absence of albumen.

Another reason for waiting, is, that the success of the operation is greater, other things being equal, if the tumor is *large;* and this for two reasons, I would not be willing to remove an ovarian tumor that was of the size of a fœtal head in a person of ordinary health.

1. If the tumor is large, by its constant pressure upon the peritoneum, the latter is rendered more insensible to irritation and consequent inflammation.

2. And another reason for not operating when the tumor is small, is, that if after the incision is closed up, if the patient should vomit or cough, there may be trouble from straining the

muscles, or even from a hernial protrusion through the wound. The latter occurred in one instance where I removed a fibrous tumor of the uterus, and the patient died in consequence. She had a severe cough at the time of the operation, and which she had concealed from me by taking opium, knowing that I would not operate if I discovered it. Three or four hours after the operation she began to cough violently. This I could not control; and the consequence was, a hernial protrusion between the needles, although they were but half an inch apart. As I was sixty miles from the patient when the hernia occurred, the bowel mortified before it was reduced, and she died six days after the operation.

As an argument against the assertion that a person in full health bears this operation, or any severe operation, better than when somewhat reduced in health, consider the following fact. If we divide the amputations of the lower extremity into two classes; first, operations performed upon persons in full health, as for elephantiasis, or in consequence of accidents, etc., called amputations of expediency or of necessity; and second, operations, performed upon patients somewhat exhausted by disease, called expediency, pathological amputations, as those for disease of the joints, etc. It has been found that while in patients of the first class (amputations upon persons in full health), 42 per cent. die; in amputations of the second class, only 14 per cent. are fatal. An operation upon an ovarian tumor, while the patient is in full health, is literally as well as logically an operation of expediency; and here, as with amputations, the best time for operating is, when the health of the patient is somewhat reduced. No ovariotomist has had better success than Dr. Tyler Smith, and he acts upon this principle, as I have before stated.

I have now under my observation some ten cases; some of which I have kept waiting a year or more; while others who, determined to have the operation performed, have found those willing to operate, have succumed. I have not yet had to regret deferring the operation, as I have explained.

In regard to the operation of ovariotomy itself, I can here only consider the incision; and the manner of treatment the pedicle of the tumor removed. In regard to the incision, the rule is, that it at first should not be more than one or two inches long, through the peritoneum, but somewhat longer, of course, through the skin, etc., than internally. Next I pass a steel bougie into the peritoneal cavity, and around the tumor, if possible, to ascertain if there are any adhesions. Afterward the incision is to be enlarged, or not, as may be required; the

rule being to leave it as short as will answer the purpose. It should, however, always be regarded as merely explorative, until the operator has decided that the tumor is to be removed. If he finds that there are extensive adhesions, or especially if to the alimentary canal, uterus, or bladder, it is very much better to make a long incision at once, that the adhesions can be seen before they are torn across; else they may be torn from the intestines, bladder, or uterus, instead of from the tumor, and troublesome hemorrhage may take place into the cavity of the peritoneum.

The tumor having been taken away, how shall we treat the pedicle? If the pedicle were in no danger of bleeding after its division, all operators would agree that it should be returned into its natural position, and the wound be closed up. But the *only* thing that we can rely upon, to prevent hemorrhage from the pedicle to the greatest possible certainty, is a ligature tied in a knot. If we have tied it tight enough to stop the circulation there, even for a few minutes, we may feel very sure it will serve us, unless it subsequently slips off. I shall consider other methods further on.

But if the legature is used, then the question arises whether it should be cut off short or left hanging out of the wound. The objection of Spencer Wells, to the ligature, is, that it always produces a sloughing of the stump of the pedicle. (The ligature being doubled and carried through the middle of it, one half is inclosed on each side.) "If it is cut off short, the result will inevitably be," he thinks, "that the ligature and the stump of the pedicle will slough off and remain in the abdominal cavity." But if the ligature is not cut short, of course it will be all the same so far as the slough is concerned.

Spencer Wells has even suggested the idea that, on the whole, it would be better to leave these ligatures coming out of the lower end of the wound; since inasmuch as there must be a slough, the dead, putrefying matter thus formed in the abdominal cavity, in this way, finds a conduit, which, by capillary attraction will drain it off.

Dr. Bouth, who also takes the same view, made some experiments upon the lower animals, and found that dead meat, even if fresh, in the abdominal cavity produced a low putrid fever, of which they died.

It is, however, a fact, that as large a proportion of the women treated in this way, by ligature, have recovered, as of those treated by other methods; and it is also true that most of them had no symptoms of low fever. None of my patients have had

any such symptoms, except as evidently produced by other causes, and I have always used the ligature.

Dr. Tyler Smith operated upon eight patients, with the ligature cut short, and they recovered without any symptoms of low fever at all.

And the very fact that patients do recover thus without fever, shows that no absorption of putrid matter has taken place, and therefore that no such has been formed. This was the conclusion I arrived at three years ago, when I read the paper to which I have referred. I have since had opportunity to demonstrate its correctness.

My first six cases were treated with ligatures, the end hanging out of the incision, and they all recovered. Since then, I have had an opportunity of examining two of my own cases that terminated fatally, in which I applied the ligature, and cut it short. They both died seventeen days after the operation. I have also examined another case lost, by another operator, after similar treatment of the pedicle. In none of these cases did any slough occur. In one instance, the ligature had actually cut off the portion which was included in it. In another, it had cut it to that extent, that there was left only enough to half fill the loop; and in a third, the ligature was so entirely covered up, that I could with difficulty find it. But in every case there had been an exudation of plasma over the stump and ligatures, which had nourished the part which was beyond the ligature, and attached it to the living tissue in its neighborhood. I state, therefore, without any hesitation, that I consider the point demonstrated, that there is no slough of the pedicle when we put a ligature around it, as I have explained. And, if there is no slough, what is the use of leaving one end of it hanging out of the wound? It seems to me, at the present time, therefore, that the best way to treat the pedicle is, to apply the ligature, cut it short, and close up the whole incision. Still, Spencer Wells most frequently used the clamp, though he recently stated that he is not yet decided which is the best way to treat the pedicle. I cannot here speak of the relative merits of the clamp, nor can I recommend the ecraseur, though it has several times succeeded.

The actual cautery has been applied to the pedicle by several operators, but more frequently, of late, by Baker Brown. Nearly a year since, I saw him perform his 101st and 102d operation of ovariotomy, and 32d and 33d, in which he had applied the actual cautery to the pedicle. In one of the two cases, the bleeding was not arrested by the hot iron; and he

then applied the ligature in the common way, and cut it short. The same has been done in several previous cases; and, of course, all these should have been reported as cases of treatment with the ligature, and not with the actual cautery.

Finally, it may, in time, be demonstrated that the ligature is preferable in one class of cases, the clamp in another, and the actual cautery in a third. Meantime, I hold this up to the present time, the ligature, as an exclusive method, is to be preferred.

Before closing up the wound, it is a question of much importance whether the blood, and other fluid emptied into the peritoneal cavity shall be sponged out or not. My opinion is decidedly that it should be. In every case of my own, I have undertaken to remove every drop of fluid. I lost one patient from septicæmia, produced by a small amount of blood becoming decomposed, which flowed from the omentum after the operation. I see no reason to doubt that the patient would have recovered if the blood had not been there. I have had three cases in which the patients must have died, if I had not reöpened the incision, and washed out the putrified fluid in the peritoneal cavity. My idea has long been, and still is, that where, on the one hand, there is no danger in putting into the peritoneal cavity, a sponge, first dipped in warm water; on the other hand, it may be of the greatest importance to do this. The peritoneum should be included in the sutures closing up the incision. If we leave the edges of the peritoneum gaping, as they will do otherwise, we will have a granulating surface, and the intestines, wherever they touch this surface, become adherent to it. Experiments on the lower animals have shown this. Then, when the pus forms, it falls into the peritoneal cavity and septicæmia will probably ensue. But I close with a few remarks on the after treatment.

I consider that there is much more responsibility attached to the after treatment of a case of ovariotomy, unless it is a very complicated one, than there is to the operation itself. I suppose I have been urged to perform this operation at least one hundred times, where I have declined, because the circumstances forbid my taking charge of the after treatment. In assuming the after treatment of a case, I consider that I am incurring at least three-fourths of the responsibility, and nine-tenths of the anxiety.

In regard to opiates, I think just enough should be given to keep the patient free from pain, and comfortable; not enough to stupefy. I like the action of McMunn's Elixir of Opium,

better than any of the other opiates, administered by the rectum if the stomach is irritable. I do not use strong doses of opium as soon as the operation is over, as I consider this objectionable. The patient should be allowed to regain her consciousness as soon as the operation is over. The operation, as well as the ether, has been depressing enough, and nothing more of the kind should be given until we see whether the patient is going to rally or not, and then is the time to give the opium. I have sometimes given a patient only thirty drops of McMunn's Elixir for the first two or three nights, and no more during the treatment. Baker Brown and Spencer Wells have given up the idea of large doses of opium immediately after the operation.

After the first week is over, very little is to be done, under ordinary circumstances. If septicæmia sets in from decomposed fluid in the peritoneal cavity, I would reöpen the incision. I know of no better treatment sufficient to allow the introduction of an elastic bougie, and inject blood-warm water, and let it at once return. The mixture of water and the putrid fluid cannot be as injurious as the fluid alone. The first time that I acted on this idea (in 1855) the patient was stupified by the poison. I injected one quart of water, and she immediately looked up and said she felt as though she had taken a bath. I relieved her in this way every day for a week, using two quarts to a gallon of water at a time. When I found the fluid very fetid, I used the *liquor sodæ chlorinatæ*, in the proportion of two drachms to the pint of water; finally, it returned without any odor at all, and from that time commenced a perfect recovery. In another case I resorted to these injections once or twice daily for fifty days; and, in a third case, I injected one hundred and thirty-five times in seventy-eight days. These three patients recovered, though I feel positive they would all have died, had not the decomposing matter been washed out of the peritoneal cavity. I also combined with the injections, the sulphate of quinine, and the hypo-sulphite of soda.—*Medical and Surgical Reporter.—South. Jour. Med. Sciences.*

Civiale's Collection of Calculi.—Not long before his death, Civiale exhibited to the French Academy, his collection of urinary calculi, from 2700 patients operated on by him during the 43 years of his professional career. In 1600 of the number he had performed his favorite operation of Lithotrity. —*Pacific Med. & Surg. Journal.*

CONSIDERATIONS UPON OTORRHŒA, PARTICULARLY IN CHILDREN, AND UPON A NEW METHOD OF TREATMENT.

Communicated to the Imperial Academy of Sciences, April, 1867.

By M. BONNAFONT, Corresponding Member of the Academy.

Translated from l'Union Medicale of July 2d, 1867.

All persons are not equally predisposed to this affection; in general, we observe it most frequently in constitutions that are lymphatic, strumous, gouty, etc. There are some exceptions to this rule; thus the affections of the ear are often developed after a cutaneous eruption, as scarlatina and rubeola, more particularly after the last, without our being able to give the reasons for this preference.

The age at which this kind of otorrhœa ordinarily manifests itself is from six to ten years, sometimes sooner, but rarely later; it is at this time, therefore, that we should hasten to direct an energetic treatment against the disease, for the simplest piece of negligence, on account of the susceptibility and delicacy of the organs of hearing, may allow the most serious lesions to encroach upon this apparatus. At this age, indeed, it is not the deafness alone that is to be dreaded, but even dumbness as the inevitable result of the loss of hearing. Nearly one-third of the children who are found in the establishments for the deaf and dumb, both in France and in foreign countries, owe their infirmity to nothing but the destruction of the apparatus of the middle ear, by neglected otorrhœas; while it is probable that if these children had been subjected to suitable treatment at the proper time, it would have been successful, at least in a large number of them, in arresting the progress of the disease, and in preventing thus an infirmity henceforth incurable, which must ever cause grief to the parents' heart.

Prognosis.—The prognosis of this affection is, we think, according to the extent or the seat of the lesion; thus the inflammation may occupy the whole surface of the canal, and it may present less of gravity than if it occupied a position even the most limited, in the neighborhood of the tympanum; in the first case the ear may be for a long time diseased without inducing any disorder of the hearing, while, in the second, it is rare that the tympanic membrane, whether by the continued contact with pus, or by the extension of the inflammation, does not finish by injuring itself, and by compromising, later on,

the function of the organ. Besides, another circumstance which renders these ulcerations at the bottom of the canal very much more serious than those which are developed in the regions nearer to the meatus, is this: we know that the glands which secrete the cerumen do not extend beyond the external two-thirds of the canal, and that beyond, the flesh is extremely slight, very red, very sensitive, and applied almost directly upon the bone, from which it is separated only by a very thin layer of cellular tissue. It follows, from this anatomical disposition, of the greatest importance in auricular pathology, that all that portion of the canal which is provided with glandular tissues may be for a long period diseased, without the subjacent bone being affected; while, in a region lower down, the slightest ulceration of the skin attacks, pretty soon, the periosteum and the bone, if we do not promptly arrest its progress. * *

Treatment.—The first indication to be fulfilled consists in making a careful examination of the canal, in order to ascertain the seat of disease and the degree of its extent. But in general, when we are consulted, it is seldom that the patients, large or small, have not the canal obstructed with matter; it is on this account that we must devote three or four days to these preliminary cases, consisting in cleansing perfectly the canal and in freeing it from all the matters which may conceal the ulcerations; it is for this purpose that I recommend the patient to take, three or four times a-day, ear baths of poppy water, then to make with the same liquid, injections, pretty strong, so that the liquid, in returning upon itself, may bring with it all the foreign matters. * * * * *

So long as there is no suppuration, it is less essential that the injections penetrate into the interior, but the case is different when pus is being thrown out from an ulcerated surface, especially if deeply situated. We can easily understand that if, while the meatus is obstructed by the engorgement of tissues, the suppuration accumulating in the lowest portions of the canal, will compress the tympanum, will cause its laceration, and later on, its destruction, as well as that of the apparatus of the little bones.

It is to avoid a similar accident, that I have employed for many years small dilating canulas of caoutchouc. Whatever may be the narrowing of the canal, we may always cause a little sound, previously coated with cerate, to glide in; and when this has been introduced, we can easily cause others of larger size to penetrate. But before replacing a sound by another, we should take advantage of the opening already made

to use injections, and to relieve, as much as possible, the bottom of the canal of the purulent matters which may be found there. * * When the discharge resists our endeavors and threatens to pass into the chronic form, the local treatment should be conducted in the most energetic manner, and by a succession of the means I have indicated. We must always commence by satisfying ourselves, by the use of the otoscope, of the region which the lesions occupy and whence the pus proceeds; when we have recognized the diseased point, we should at once cauterize with a small crayon of nit. silver, such as I use. These little cauterizations, made with care, cause very little, if any pain, and can be repeated every second day.

In the interval we may use astringent and styptic injections, with acetate of lead, of the strength of 1 gramme to 100 grammes of water, sulphate of zinc of the same strength, or, which is excellent, sulphate of alumina, of the strength of 2, 4, and even 6 grammes to the 100 grammes of the liquid. This last is what I most frequently employ, especially since, having tried it in the hospitals in gonorrhœa, it has given me very satisfactory results. * * * * *

When this malady appears in a strumous subject, or in a lymphatic constitution, it is very evident that, in this case, we should unite the local treatment with an internal medication, the energy and activity of which must be proportioned to the degree of the lymphatic character of the individual. The local treatment, without being neglected, should be conducted with prudence, and should follow the modifications produced by the constitutional treatment. If, on the contrary, otorrhœa be engrafted upon a sanguineous constitution, M. Kramer counsels, with reason, that we should not attend to the general condition, but should treat the case by purely local means. * *

In order that medication should be applied in a rational manner, it is necessary to see the parts affected; for it is not an indifferent thing to cauterize healthy tissue, the tympanum particularly. It is for the purpose of facilitating this examination for a large number of physicians, that I have caused to be made a novel otoscope, very simple, which does not require the assistance of any lamp, and whose shape renders it very portable. This instrument will be found of equally felicitous application in the examination of other organic lesions, such as those of the neck of the uterus, etc. * * *

This instrument has the great advantage of only occupying one hand, of allowing every kind of inclination to be given to

the light, and of illuminating the bottom of canals very obliquely situated, by directing into it a very intense luminous ray.

This otoscope is composed of two tubes: the vertical one, which serves as a handle, contains a small wax candle, such as is used to light up the little altars in the month of May. This tube is pierced at the bottom with many apertures, in order to allow the passage of air, which is necessary to nourish the light. The other tube, forming the principal body of the instrument, presents at its superior part a large opening corresponding to the axis of the vertical tube, and by which the flame of the candle escapes. Its posterior extremity is guarded by a small reflecting mirror in platinum, and the anterior by a bi-convex lens, the power of refraction of which has been calculated so as to make a very great concentration of the flame at the greatest possible distance, in order to fulfil the two following conditions: 1. To cause the greatest possible light to penetrate to the bottom of the auditory canal, notwithstanding its narrowness; 2. Then to leave between the illuminated point and the instrument sufficient space to allow not only of seeing well, but also, with the other hand, to perform in the canal or on the tympanum any operation that may be deemed necessary. This tube may be lengthened or shortened, in order to give to the luminous ray, a greater or less concentration, according to the cavities we desire to illumine.

The tubes may be taken apart, and one made to inclose the other, the instrument then is very compact, and very portable. —*Southern Journal of Medical Sciences.*

ROSIN-WEED—SILPHIUM LACINIATUM.

A NEW REMEDY; REPORTED A SPECIFIC IN ASTHMA.

By H. D. GARRISON, M.D.,

Within the last eighteen months, several persons have, in a more or less confidential manner, informed me, that the rosin-weed is an infallible remedy for asthma. Numerous parties, professional and non-professional have related to me cures effected by this agent in cases before considered wholly incurable by the medical faculty.

The substance of this information, derived thus from parties in most cases entirely unaware of the existence of any previous information on the subject, as they were in some cases even

ignorant of the existence of each other, not only makes the discovery justly common property, but gives it a degree of reliability not pertaining to the reputation of many new remedies.

I would not willingly assist in placing another unnecessary or doubtful remedy on the already overburthened catalogue; but were it possible would with pleasure aid in displacing a legion that only confuse and deceive the practitioner, and encumber the materia medica.

Farmers and others, intelligent on equine hygiene and treatment, quite uniformly agree that this plant is not only a perfect preventive, but a specific remedy for the heaves of horses, which is essentially the same disease as asthma in man.

Dr. G. H. Dadd of this city, in his new and very able work, entitled "*American Horse and Cattle Doctor*," page 125, says, "the husbandmen who reside in the vicinity of where rosin-weed grows, are well acquainted with the properties of this plant, and they declare that it is a specific for the treatment of asthma, or heaves. I have used the article in the form of fluid extract prepared from the root, and find it to be a very valuable remedy. The dose (for a horse) of the fluid extract is two (fluid) ounces, morning and evening." After describing some varieties of asthma or heaves, necessarily incurable, because of some lesion of the respiratory apparatus, Dr. Dadd further adds, that "such cases, although considered incurable, may be palliated by the fluid extract of rosin-weed." In a recent conversation with Dr. Dadd, he declared himself, more than ever, convinced of the great efficacy of this plant in the cure of *asthma in man* as well as in horses. It is singularly corroborative of the foregoing views that in those prairie regions where the rosin-weed abounds, also in those cities whose markets are supplied with hay from such sources, asthma or heaves in horses is quite unknown. During my residence in this city I do not recollect seeing a single case of heaves, though the streets are alive with horses which are not better used or fed than their race in the Middle and Eastern States where no affection is more common among them. Horses like this plant very much. On being fed hay containing it, they select all the rosin-weeds and eat them first.

Prof. King (Am. Dis. p. 871), ascribes to the *silphium perfoliatum* tonic, diaphoretic, and alterative properties, and alludes to its successful employment in ague-cake (enlarged spleen), liver complaints, miasmatic fevers, etc. In the same article, under the head *Silphium Laciniatum* and *S. Gumiferum*, in ad-

dition recommends them in "dry, obstinate coughs," and laconically adds, "said to cure the heaves in horses."

To the foregoing therapeutic properties, should they be established by more extended experience, may undoubtedly be added another, viz.: *powerfully diuretic.* A very intelligent gentleman, who has collected large quantities of this and other medicinal plants for us during the past two years, stated to the writer, a few days since, that the rosin-weed acts so powerfully on the kidneys as to cause dull pain, and even considerable distress in the region of the kidneys of those who used it to any great extent. This property, mentioned also by others, will suggest to the intelligent physician a much wider range of usefulness than has before been ascribed to this plant. There are many diseases of the urinary apparatus yet deemed incurable, while most of such affections are by no means uniform in their submission to treatment. It is hoped that this remedy will supply some deficiency in the list of real remedies.

The rosin-weed, *silphium luciniatum*, known also by the common names "polar plant" or "compass plant," from the circumstance that its leaves quite uniformly point North and South, is a member of the large order *Compositæ*, and abounds throughout the high rolling Western prairies. The stem is from three to ten feet high, and rough, with white hispid hairs. Leaves are one-half to two feet long, much divided, alternate and lower ones petiolate. The stalk bears four to eight large showy heads with yellow rays, and flowers in July and September. The root is large, sprangling, and of a tough, leatherly consistency. A smoothly cut surface presents a resinous lustre. The entire plant is possessed of a bitterish taste, but pleasant aroma, due to a volatile oil. Other species of this genus, as *S. Perfoliatum*, are also known as "rosin-weed," "Indian cup plant," and are possessed of similar, if not identical, medicinal properties. The whole genus, embracing five species, abounds in volatile oil and resin, which exudes in the form of small white spots or tears similar to those of mastich.

I have made a thorough chemical investigation of this plant to determine in what form its active principles could best be presented for administration; and conclude, that a fluid extract of high alcoholic strength is the only reliable form in which it can be used. The root when fresh is rich in essential oil, which is gradually converted by oxidation into resin, just as oil of turpentine by oxidation produces common rosin. As the resin of the silphium is not pulverizable, and as it is not yet known whether the good effects of the remedy are due to the oil or to

the product of its oxidation (resin), it is plain that no "powder" can fully represent the plant. A solid extract from which most of the oil is necessarily absent would not be eligible unless the activity is first shown to reside in the resin or some other part of the plant besides the oil.

Infusions of decoctions or oleiferous articles, though often the only form at command, are never more than fractional representations of the articles employed. The powdered root or plant would contain but little oil, owing to the thorough drying necessary to effect pulverization.

A fluid extract skilfully made as above indicated, will contain all the oil, resin, and every other medicinal proximate principle of the plant in their native state and proportions, together with all the freshness and aroma of the plant unimpaired, and will accurately represent the root, drop for grain. The dose of the fluid extract is from twenty to forty drops.—*Am. Ec. Med. Rev.*

ABUSE OF ALCOHOL IN MEDICAL PRACTICE.

We are rejoiced to witness among the leading physicians in England, a convention of the great evils flowing from the indiscriminate use of alcholic stimulants in diseases. A lecture by Samuel Wilks, M.D., delivered at Guy's Hospital, appears in the *London Lancet* for July. We quote from it the following paragraph: "I may remind you of what you yourselves have witnessed—that fevers will do well without this remedy. So wedded, however, are some to the idea of the absolute necessity of stimulant, that they have expressed almost incredulity when they have heard it stated that fever will terminate favorable without them. Of course, stimulants are often needed; but young persons with typhus and typhoid do far better, I believe, without them. That they make good recoveries on simple milk diet is a fact which my hospital cases prove, and which no argument can gainsay; and on the other hand I have seen a marked improvement take place in some cases when a stimulant has been left off. It is also a fact, that in bronchitis I have repeatedly seen improvement after stimulants have been omitted; and as regards heart-disease, I am convinced that the amount of mischief done by stimulants is immense. In the case of fevers and bronchitis, the weak pulse is often but an indication of extreme capillary congestion, and a stimulus to the heart only aggravates the evil. And in the case of a diseased and weak heart,

where repose is indicated, a constant stimulation by alcohol adds immensely to the trouble." Dr. Wilks also refers to the common practice of advising "a little" alcohol, without defining the precise amount—"a little" generally meaning just as much as the patient chooses to take. He says with great propriety, that it is as important to define the quantity of this article as of opium or any other medicine. Abused as alcoholic stimulants are, by many American physicians, it is evident that British practitioners are much more reckless and undiscriminating in their applications. It must be so, to draw out from Dr. Wilks such a remark as this: "I do speak strongly against this indiscriminate use of alcohol in disease, without due consideration of its need or of its results."—Perhaps the late Dr. Todd is more responsible than any other individual for the reckless and indiscriminate use referred to. The practice has been further extentended by the doctrine that disease is always weakness, as advocated by Chambers and others. We may infer the extent to which the profession in England is given to the practice of alcoholic medication, by the following curious passage, taken from the lecture before us: "I do not wish to speak too dogmatically of its ill effects, being fully aware that there are many holding very distinguished positions in the profession whose opinions are not in accordance with those I have expressed. Were it not for this reason, I should have used still stronger language than I have done; for even firm convictions must be restrained when we know what an amount of strong opinion can be arrayed against us."—An extraordinary statement this—scarcely creditable to a manly and independent mind. But what must be the status of the profession in Great Britain on this question, when the discovery begins to be made that alcoholic stimulants are not an absolute necessity in fevers, and when a distinguished physician feels constrained to apologize for such sentiments as are quoted above, and to withhold the free utterance of his conviction!—*Pacific Med. & Surg. Jour.*

FORMATION OF PUS BY INFLAMMATORY ACTION.

In a remarkable discourse, most eloquently delivered before the Berlin Medical Society, Dr. Cohnheim detailed the results of his observations on the formation of pus as a product of inflammatory action. These results are of sufficient significance to mark a new era in the history of pathological science.

The generally accepted theory of Pyogenesis, which refers

the origin of pus-corpuscles to the proliferation of cells or germinal matter in connective tissue, has received its death-blow.

The morphological resemblance of pus-corpuscles to white blood-cells has long been universally acknowledged. The modern discovery of the contractile properties with which they are both endowed, has tended still further to strengthen the belief in their intimate relationship. Dr. Cohnheim has now demonstrated their *identity* by proving that *pus-corpuscles are actually white cells which have emigrated from the blood-stream.*

He commenced his studies in the cornea, the classical ground for the study of inflammation. Availing himself of the well-known properties of white blood-cells to grasp and fix finely divided substances in their contractile stroma, he has been enabled to track these bodies, colored by aniline-blue injected into the blood, to the seat of inflammation, artificially excited in the cornea, and to recognize them as the cellular elements infiltrating the inflamed part. He has, moreover, succeeded, in a second series of observations, for which, for obvious reasons, a transparent vascularized tissue was selected, in actually observing step by step the emigration of the white corpuscles through the walls of the veins and capillaries of the inflamed mesentery into the surrounding tissues, and the pseudo-membranous fibrin effused on its surface.

The connection between these extraordinary facts and the well-known observations of Recklinghausen (Virchow's *Archiv*, 1863, vol. xxviii. pp. 157–197), on the presence of wandering contractile corpuscles in the plasmatic channels of the cornea, mesentery, and connective-tissue of other parts, will at once be evident.

Recklinghausen ventured upon no definite statement as to the origin of these bodies. He alluded to the probability of their being formed from the first connective-tissue corpuscles; but found it impossible to adduce any observation calculated to give support to this supposition. He had recognized their morphological identity with pus-cells, lymph, and white blood-corpuscles. He was acquainted with the increase and accumulation of these wandering elements, as "the essential change in the slighter degrees of inflammation;" but the chain of observations necessary to assign to them their true position and origin had to be completed by Dr. Cohnheim's elaborate investigations.

It is interesting to remark, for the purpose of illustrating the stages of continuity in scientific discovery that Recklinghausen had also demonstrated the possibility of contractile cells penetrating the corneal tissue from without by a very ingenious

experiment. He inserted pieces of cornea and finely powdered vermilion into the lymph-sacks of living frogs, and found them on removal after a certain time infiltrated with wandering lymph-corpuscles laden with granules of vermilion.—*Brit. Med. Jour.*, June 22, 1867.—*Med. News.*

Book Notices.

A Practical Treatise on *Shock* after Surgical Operations and Injuries, with special reference to Shock caused by Railway Accidents. By EDWIN MORRIS, M.D., F.R.C.S., Surgeon to the Spalding Dispensary and Union Infirmary; author of "A Practical Treatise on Neuralgia." Philadelphia: LIPPINCOTT & Co. 1868.

This is a neatly printed and bound little volume of 89 pages. The subject of which it treats is one of practical interest and importance, and the author gives it a fair consideration.

Synopsis of the Course of Lectures on Materia Medica and Pharmacy, delivered in the University of Pennsylvania, with five Lectures on the Modus Operandi of Medicines. By JOSEPH CARSON, M.D. Fourth Edition; Revised. Philadelphia: HENRY C. LEA. 1867.

This is an octavo volume of 272 pages, the greater part of which is occupied with a simple syllabus or outline notes of Dr. Carson's Lectures. It was designed specially for the use of students attending the Lectures of the author, and, except the five lectures on the Modus Operandi of Medicines, it is of very little interest to any other class of readers.

On Diseases of the Lungs and Air-Passages; Their Pathology, Physical Diagnosis, Symptoms and Treatment. By HENRY WILLIAM FULLER, M.D., Cantab. Fellow of the Royal College of Physicians, London; Physician to St. George's Hospital, etc., etc. From the Second and Revised London Edition. Philadelphia: HENRY C. LEA. 1867.

This is a small sized octavo volume of 479 pages, published in good style. The work is divided into two parts; the first presents a plain, practical, and detailed description of the Principles of Physical Diagnosis, and their application to the investigation of Diseases of the Chest. The second is devoted to the Consideration of the Pathology, Diagnosis, Symptoms, and Treatment of Diseases of the Lungs and their Appendages.

The work, as a whole, is one of real value, and will fully repay even the most busy practitioner for the time and money required for its perusal. For the student, it is one of the best text-books on the subject of which it treats. For sale by W. B. KEEN & Co., 148 Lake Street.

Mechanical Therapeutics; A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; Embracing Bandaging, Minor Surgery, Orthopraxy, and the Treatment of Fractures and Dislocations. By PHILIP S. WALES, M.D., Surgeon U.S.N. With six hundred and fifty-two illustrations. Philadelphia: HENRY C. LEA. 1867.

This is a full sized octavo volume of 685 pages, substantially bound in leather, and the text well illustrated by cuts. It seems to embrace everything of importance in the line of mechanical surgery, and is a work of great value, both to the student and the practical surgeon. For sale by W. B. KEEN & Co., 148 Lake Street, Chicago.

Editorial.

REPORT ON THE METEOROLOGY, MEDICAL TOPOGRAPHY, AND EPIDEMIC DISEASES OF ILLINOIS.—Dr. R. C. Hamill, of this city, member of the Committee on the above subject for Illinois, made a very interesting report to the American Medical Association at its last Annual Meeting. The report was published in the Transactions of the Association, and a limited number of extra copies furnished to the author in neat pam-

phlet form. Dr. Hamill is still a member of the Committee of the Association, and is very desirous of obtaining full information concerning the prevalence of all epidemic diseases in this State. Will practitioners throughout the State communicate to him promptly such facts concerning any and all epidemics that come under their observation? If so, they will not only receive due credit therefor, but will very much advance the interests of medical literature and science.

ALUMNI ASSOCIATION OF CHICAGO MEDICAL COLLEGE.—The first regular Annual Meeting of this Association will be held in the lecture-room of the College in the afternoon of March 3d, 1868. An address will be delivered by the President of the Association, and matters of interest to all will be presented for consideration. In the evening, the members will be cordially entertained at the residence of a member of the College Faculty.

It is earnestly hoped each *alumnus* "will address a letter to the Secretary, on or before the 15th day of February, giving a short history of his professional experience during the preceding year; and stating at length anything of special interest that may have come under his observation."

All *Alumni* of the Institution are earnestly invited to be present to participate in, and contribute to, the interest of the meeting.

S. A. McWILLIAMS, *Sec'y*,
166 State Street, Chicago.

THE PROPOSED CHANGES IN OUR MEDICAL COLLEGE SYSTEM OF INSTRUCTION.—We copy the following editorial article from the *Medical Record*, of New York, for Dec. 16th, 1867, for the purpose of showing how the proposed changes are viewed in the best medical periodicals of the East:

THE PROPOSED CHANGES IN OUR COLLEGE SYSTEM.

A circular has recently been addressed to the various Colleges, asking for a concerted action on their part upon the several prepositions offered by the late Teachers' Convention in Cincinnati. The committee that represents this association,

having a more or less permanent character, are perfectly competent to present the matter officially before the different Medical Schools, and in that light this last appeal for reform should undoubtedly be viewed.

They take for their basis of action the resolutions passed not only by the Convention but by the American Medical Association; and as our readers are already familiar with that document in detail, it is unnecessary here to do more than give an outline of the scheme. In brief, then, the changes proposed may be summed up under four heads: First, a positive standard of preliminary education; secondly, a longer time in which to acquire a knowledge of the various branches of Medical Science and Practice; thirdly, a systematic and successive order of studies for the student; and lastly, a certain amount of direct clinical instruction in a public hospital, as part of the senior course.

We have from time to time taken occasion, in our discussion of various matters connected with Medical Education, to urge the adoption of the suggestions therein contained, severally and collectively, and to endorse *in toto* the action of that body. We have not only been of this opinion, but have been ready to go a step or two farther in upholding measures that, under the present system, would seem almost impracticable. But this is by the way.

The objects of the circular which is before us are not only intended to explain away many of the arguments which have seemingly been brought forward by some of the schools against the resolutions referred to, but also to fix a period to the present system of medical instruction. Its first intention has been, to our way of thinking, well carried out, and we have only to hope that its second object will be also attained in an equally satisfactory manner.

In reference to the question of preliminary education we have fully expressed our views, and the plan which we took occasion to suggest was the examination of the students by some competent persons other than the faculty, in order that no plea that any unfairness or partiality could be brought forward. This at the time we believed was practicable, and we are still of the same opinion. There may be some other means adopted to ensure this end, but this matters not, so long as the spirit of the resolution is carried out. The committee have, with some show of policy, merely presented the necessity for the adoption of some feasible means without suggesting anything definite. This is hardly the wisest course that could be

pursued, inasmuch as it is advisable to form as a responsible body a distinct platform upon which all points at issue must be directly settled. A failure to distinctly define the manner in which these preliminary examinations should be carried on may still leave the whole question open, a prey to misconceptions and to the temptation of practically ignoring the subject altogether.

On the other proposed changes the committee is more to the point. In regard to the increase in the members of each college faculty good reasons are given. The contemplation is to give four lectures per day to each class throughout the whole college term of six months. We cannot see how this can be objected to by any faculty. The necessary increase of their members will so divide the labor as that each one can perform his duty to himself and to the students. To the supposed decrease in the income of each professor by the adoption of this course, the committee have offered a satisfactory and conclusive answer. The increase in the faculty they assert is amply compensated for pecuniarily by the requirement that each student shall pay full fees for three courses of lectures instead of two. With this the teachers can find no fault, and the student will not be liable to demur, especially when no choice is left him in order that he may be sure of his diploma in the end. The increased expense for the whole term will not be felt any more for the third year than for the two previous ones, while in the end the increased outlay on his part brings him a richer premium in the allowance of extra time to benefit by the instruction which he receives.

The section referring to the branches to be taught during each term was simply for the purpose of naming a definite course to be pursued by each college, so that such a uniformity in the general system might be obtained as would allow students of different classes to transfer themselves to different colleges without occasioning confusion.

In order to obviate embarrassment in making the change from the present system of college instruction to the one proposed, the committee prudently suggest "that all students who have so nearly completed their period of study at the time fixed for making the change that an attendance on an additional course would render them eligible to graduation, should be allowed to complete their course by attending the Senior department under the new arrangement; while all who are in the first half of their period of study should be subject to the new arrangement in full." This proposition is an eminently proper

and practical one, and should effectually do away with the principal obstacle to the speedy carrying out of the new plan.

The time set for the inauguration of these changes is during the winter term of 1868-9, and it strikes us that there is ample opportunity offered to all the colleges to discuss the matter by answers to the following questions by the committee:—

1st. Do your faculty, together with the governing authority of your College, approve of the several propositions as a whole?

2d. If you do not approve of the plan of revision as a whole, what changes would you suggest?

3d. If you approve of the plan as a whole, or of all its essential features, will your College be ready to adopt it practically, and issue your Annual Announcement for the Chicago term of 1868-9, in accordance therewith; provided all the principal Medical Colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo, and Albany) will agree to do the same at the same time?

These answers are to be addressed to the Chairman, Dr. N. S. Davis, of Chicago. We hope that every respectable Medical College in the land will consider it a bounden duty to give the subjects referred to the fullest consideration, and be prepared when the time comes to agree, if not entirely upon the plan as set forth, at least sufficiently so to insure that uniformity of action which shall crowd out every element but honorable competition and an earnest desire to raise the standard of Medical Education.

There is no reason why a response should not be received from every College by the committee before the first of March next, when opportunities would be given to call another Convention of Medical Teachers, and have a report presented to them in due form.

We hope the last paragraph here quoted, will attract the special attention of the several college faculties. The questions proposed by the committee merit a fair and explicit answer; and it is exceedingly desirable that these answers should be in possession of the committee by the time specified above.

Dr. Roberts Bartholow has been appointed Professor of Materia Medica and Therapeutics in the Medical College of Ohio.—*Medical Record.*

A Friend has sent us the following rare specimen of medical opinion and prescription:—

It will do either for a laugh, or for a sample of human ignorance and gullibility.—[ED.

Sylvester Green Co., Wis.

Dec. 9, 1867.

Mrs Catherine Reutschler

your lungs be somewhat Weak they Don't feel Natural, the lungs Are not organicly Diseased your liver very torpid the liver Don't secrete its Portion of bile it throws the bile into the Gall Ducks & that Don't receive it As it should therefore it Passes into the Stomach & blood Affecting your stomach Much At times you have Distress to your Stomach At times that the World Don't know of the Digestive organs Are Weak the food Lies hard in your Stomach At times the Affection of the liver causes Pain between your Soulders At times the Stomach Affects the Nerves the nerves Affect your head At times your Kidneys are Weak the Glands that Run to the Neck of the Bladder Are irrtated this Affects the Water At times the Weakness of the Kidneys Causes weakness in your back & such A Dull Heavy tried feeling in your Hips & Limbs At times

Prescription.

one oz of Colombo Root half oz of Rheubarb half of extract of Dandelion one fourth of A oz of Aloes Put All of these in one quart of Whiskey take one table spoonfull A half hour before breakfast.

half oz of Peruvian bark one fourth of A oz of balm Gilead buds Put these in one Gill of Alcohol let it stand twenty four hours then Add one Pint of Maderia Wine take one table spoonfull A half hour before Dinner & Supper

the White of one hens egg one table spoonfull of loaf sugar one table spoonfull of fourth Proof brandy beat All well together & take this quantity in the Middle of the Afternoon take A Pill of Asafoedita the Size of A Common Pea in the Middle of the forenoon Eat Light food Drink Dandelion Coffee with your Meals scorch the Roots & Make it As other

Coffee Mix equal Parts of Mullen leaves & Pulverised Cinnamon bark together & smoke it shortly After each Meal the Mullen leaves that Grow Near the Ground Are good now. for A Linament one oz oil of origenum half of Sweet oil half oz of Spirits hartshorn half oz of Laudanum

Put All of these together Put it on your forehead & temples Morning noon & night & smell of it At the same time

Continue these Medicines Six Weeks then you Are to be be seen Again

you will be better if you Do As Directed.

examination & Prescription

by Dr J Dodge.

CORRECTION.

EDITOR OF EXAMINER.—In the article on "Tetrachloride of Carbon," of last month, there is an error, implying that Dr. Sherman's experience in giving anæsthetics amounts to "some thousands of cases." It should read "above a thousand of cases." E. ANDREWS, M.D.

MONEY RECEIPTS TILL DEC. 25, 1867.—Drs. O. B. Ormsby, Murphysboro, Ill., $3; G. Wheeler Jones, Danville, Ill., 3; W. R. Atkinson, Mt. Hope, Wis., 3; M. W. Wilcox, Mattoon, Ill., 5; Q. M. Triplett, Little Rock, Ill., 3; J. H. Hollister, Chicago, Ill., 3; L. J. Burrows, Janesville, Wis., 3; W. H. Price, Danby, Ill., 3; S. Wickersham, Chicago, Ill., 3; S. K. Faulkner, Whitesville, Mo., 3; Alonzo Clark, Beloit, Wis., 3; G. D. Maxson, Nile, N.Y., 3; John Lewis, Ogden, Ind., 3; P. J. Morris, Jericho, 3.

DEATH FROM CHLOROFORM.—A death from chloroform is reported in Chicago. The cause is referred to simple asphyxia from the toxic effects of the article, although portions of cracker, of which the patient had partaken shortly before the administration of the anæsthetic, were found in one of the bronchial tubes. The chloroform was pure, and but an ounce was administered. Every means to restore the patient was resorted to without avail. *Medical Record.*

The packing of bottles, filled or empty, is now performed more safely, closely, and rapidly than heretofore, by means of India-rubber rings slipped over them. The rings cost only once, and can remain on the bottle as long as it lasts.—*Med. Gaz.*

Mortality Report for the Month of November:—

The monthly report is as follows:—

CAUSES OF DEATH.

Accidents,	11	Heart, valvular disease of,	2
Apoplexy,	2	Hemorrhage, umbilical,	1
Avota, aneurism of,	1	Hepatitis,	1
Augina, pectori,	1	Hydrocephalus,	2
Asphyxia, chloroform,	1	Hydrocephalis, acute,	1
Abscess, psoas,	1	Intemperance,	1
Birth, premature	13	Intemperance and Morphine,	1
" still	27	Insanity,	1
Brain Congestion of,	5	Inanition,	6
" Inflammation of,	6	Jaundice,	2
Bowels, inflammation of	1	Kidneys, disease of,	1
Bowels, obstruction of	1	Liver, cancer of,	1
Bright's Disease,	1	Laryngitis,	3
Bronchitis,	8	Lungs, congestion of	1
Cancer,	1	Lungs, hemorrhage of,	2
Cancer, encephaloid,	1	Lumpus,	1
Cancer, calcum,	1	Measles,	8
Cancer, knee-joint,	1	Meningitis,	3
Catarrhal Inflammation,	1	Meningitis, Cerebro-Spinal,	4
Croup,	18	Meningitis, Tubercular	1
Croup, diphtheric,	1	Morbus Coxarius,	1
Cholera Infantine,	4	Old Age,	5
Cholera-Morbus,	1	Peritonitis,	3
Convulsions,	27	Peritonitis, puerperal,	1
Cyamosis,	2	Pericarditis, acute,	1
Debility,	7	Paralysis,	2
Delirium Tremens,	2	Paralysis, agotous,	1
Diarrhœa,	3	Phthisis Pulmonalis,	34
Diarrhœa, cronic,	1	Pneumonia,	16
Diphtheria,	9	Pneumonia, typhoid,	3
Dropsy,	4	Scrofula,	1
Dysentery, chronic,	1	Small-Pox,	18
Dysentery,	4	Suicide,	2
Enterites,	1	Stomach, cancer of	3
Epilepsy,	3	Tabes Mesenterica,	9
Erysipelas,	2	Tetanus,	1
Exhaustion,	1	Teething,	5
Fever, congestive,	1	Throat, disease of,	1
Fever, typhus,	4	Trismus,	1
Fever, typhoid,	26	Urennia,	1
Fever, scarlet,	3	Whooping-Cough,	1
Fever, ship,	1	Wound,	1
Heart Disease,	4		
Heart, hypertrophy of,	1	Total,	370

NATIVITIES.

Chicago,	195	England,	8	Scotland,	4
Other parts U. S.,	72	France,	3	Sweden,	3
Austria,	1	Germany,	42	Switzerland,	1
Belgium,	0	Holland,	1	Wales,	1
Bohemia,	2	Ireland,	37	Poland,	1
Canada,	2	Norway,	11		
Denmark,	3	Prussia,	10	Total,	370

AGES OF THE DECEASED.—Under 5 years, 156; over 5 and under 10 years, 17; over 10 and under 20, 11; over 20 and under 30, 40; over 30 and under 40, 43; over 40 and under 50, 20; over 50 and under 60, 14; over 60 and under 70, 12; over 70 and under 80, 9; over 80 and under 90, 6; 90 and under 100, 1; premature births, 13; still born, 28; unknown, 0. Total, 370.

COMPARISON.

Deaths in November, 1867,	370
Deaths in November, 1866,	382
Decrease,	12
Deaths in October, 1867,	428
Decrease in November,	58

SEXES.

Males,—204 | Females,—166 | Total, —370

COLOR.

Colored,—7 | White, —363 | Total,—370

MARRIED AND SINGLE.

Single, —263 | Married,— 107 | Total,—370

DEATHS IN EACH WARD.

The following table gives the average of deaths in each ward, on the basis of the population of 1866:

Ward.	Mortality.	Pop. in 1866.	One death in		Ward.	Mortality.	Pop. in 1866.	One death in	
1	8	9,668	1,208	1-2	14	19	12,108	636	1-5
2	24	12,985	541	1-4	15	30	15,766	525	1-5
3	20	15,738	786	18-20	16	18	14,912	789	5-9
4	14	10,884	777	6-14	County hos.,	14			
5	18	9,610	533	16-18	River,	1			
6	23	10,580	460		Bridewell,	2			
7	39	18,755	483	1-2	Home of the Friendl's,	0			
8	16	10,429	651	4-5	Marine hos.,	3			
9	30	13,940	464		Mercy hos.,	7			
10	9	11,416	1,266	1-3	Orph. asy.,	2			
11	24	12,924	537	4 5	St. Joseph hos.	1			
12	31	12,695	409	1-2	Lake Mich.,	0			
13	17	8,188	481	3-5					

Total,—370

THE PRIZE ESSAY ON PHYSICAL LONGEVITY—by American Popular Life Insurance Company. This company offered some time since a prize of $500 for the best essay upon this subject. Two communications of the number presented were so meritorious, and it was so hard to decide the question of superiority that a prize was given to each. The successful authors were Dr. J. H. Griscom, of New York, and Dr. J. V. C. Smith, of Boston.—*Medical Record.*

A GRANDMOTHER AT TWENTY-EIGHT.—An old practitioner who is giving the reminiscences of his medical experience in the *Gazette Medicales de Lyon*, enumerates among them the case of

a young girl in his vacinity, who became the mother of a healthy child at the age of fourteen. The child was a girl, and in her turn became a mother at fourteen years of age. The young grandmother, he says, is still hard at work in her village, and is very proud of her title to a uniqne frame as a grandmamma at twenty-eight.—*Medical Record.*

Dr. E. S. Connor accepts the Chair of Medical Chemistry in the Medical College of Ohio, vice Dr. Roberts Bartholow, resigned.—*Medical Record.*

LITHOTOMY AND LITHOTRITY.—In the *Nashville Journal*, for July, Dr. Paul F. Eve gives a tabular statement of 90 operations for stone performed by him, during a period of twenty-five years. In 78 of these, the bilateral operation was performed, resulting in 70 speedy cures and 8 deaths. Of the latter, Dr. Eve thinks four should not have been operated upon, as they were very unfavorable cases; a fifth died of dysentery when the wound had nearly healed. The ages were: 45 under 10 years; 24 between 10 and 30 years; 3 between 30 and 50 years; 6 over 50 years; and the average less than 16 years. The remaining 12 cases were of a mixed character, viz., lateral and high operations, vaginal section and lithotrity. Three of the number died. Dr. Eve attributes the death in three cases to want of skill, (for during the war, the operation had to be performed without proper instruments,) and adds: "I honestly believe, that of these cases of lithotomy not more than two or three can be put down as fatal cases under ordinary circumstances." In contrast to these results of *lithotomy* are the records of 70 cases of *lithotrity* performed by Mr. Henry Thompson, of London, and published in the *Lancet*. Only four deaths occurred in these cases, and one was from organic disease of the kidney, after complete relief from the calculi and recovery from the effects of the operation. Very few of the patients were under 50 years of age, and the majority were over 60 years. The average age of all the patients was 62 years. Many of them were in circumstances of health which rendered interference very hazardous, and the greatest care and attention were necessary. Cases were not selected. The most striking fact in this contrast is the great difference in the average age, the lithotomy cases averaging less than 16 years and the lithotrity cases about 62 years, and the records of the latter fully justify Mr. Thompson in heading his article, "Proofs that lithotrity is an eminently successful operation."—*Pacific Med. & Surg. Journal.*

A Doctor's Bill in the Reign of William III.—In the diary of Sir Thomas Rokeby, justice in the Court of Common Pleas in the reign of William III., just published, occurs the worthy valetudinarian's doctor's bill for only two months, October and November, 1697:—"Purging pills, 2s.; leeches, 6d.; aperitive ingredients, 1s. 6d.; hystericke water, 2s.; a purging bolus, 1s. 6d.; purging pills, 1s.; Gascan powder, 4s.; vermifuge pills, a box, 3s. 4d.; a purging bolus, 1s. 6d.; purging pills, 1s. cephalick drops, 2s. 6d.; an hysterick julep, 3s. 6d.; hysterick pills, 85, 6s. 8d.; a vomitive potion, 2s. 6d.; a stomattick cordial, 2s.; a cordial potion, 1s. 8d.; vomitive salts, 3 doses 1s 6d.; the hysterick julep, 3s. 6d.; Mithridate, 1s.; the vomitive potion, 2s. 6d.; vomitive salts 1s. 6d.; the hysterick pills, 6s. 8d.; the hysterick julep, 3s. 6d.; sal-armoniac, 6d.—2*l.* 17. 10." Spite of this drenching, to which he had subject himself, he lived to the age of 67.—*British Medical Journal.*

Experiments made by Drs. Rigner and Rickards on the effect of alcohol on men and animals, go to show that the temperature of the body falls nearly as fast after the use of alcohol in cases sufficient to produce intoxication, as after death itself. facility with which drunkards freeze to death, is explained by this fact. Dr. Jolly declares, that an increasing tendancy towards mental disease has been generated by the increasing consumption of spirits. Official reports show, that the abuse of alcohol accounts for one-fifth of the insanity in France.—*Med. Gazette.*

New Treatment for Tænia.—A novel method of expelling tape-worm is adopted by Dr. Lortet. While recognizing the value of oil of male fern, and other anthelmintics, he is, nevertheless, looking after something better to give in those intractable cases in which the usual remedies may have been vainly used. Dr. Lortet has administered, in a few cases, sulphuric ether, which acts upon the worm as it does upon man, that is, renders it insensible. Shortly after the exhibition of the ether, a mild purgative is given. The plan is to give five drachms of ether at a dose, and to follow it in two hours by an ounce of castor oil. The worm is discharged without causing pain, entire or almost so, and always with the cephalic end intact. Though but few patients have been subjected to this treatment, yet its uniform success, even in two instances where other means had failed, renders it worthy of notice.—*Pacific Med. & Surg. Jour.*

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